DOCUMENT RESUME

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ABSTRACT

This resource aid is designed to provide a sampling of organizations and publishers that offer a variety of materials relevant to addressing students' psychosocial and mental concerns. Included is information about resources available upon request and/or purchase. The packet is divided into three sections. Section 1 identifies national clearinghouses, professional organizations, and foundations that provide printed documents such as fact sheets, brochures, pamphlets, posters, etc. that are useful for educational programs and campaigns. Most of the places listed in this section supply bulk materials for free or require a minimum recovery fee. Section 2 lists publishers and distributors of books, curriculum modules/packages, posters, multimedia toolkits (e.g. audio/videotapes and educational software programs), educational games, and so forth that serve as supplementary aids and strategies for staff development in dealing with the students' psychosocial problems. In general, the materials listed in this section are available for purchase. Section 3 contains sample fact sheets provided by organizations listed in Section 1. (GCP)

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ED 464 300

Mental Health in Schools
Center
Training and Technical Assistance

*From the Center's Clearinghouse ...**

A resource packet on

*Where to Get Resource Materials to Address Barriers to Learning***

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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This document is a hardcopy version of a resource that can be downloaded from the Center's website (http://smhp.psych.ucla.edu). This Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA. Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563 (310) 825-3634 Fax: (310) 206-8716; E-mail: smhp@ucla.edu

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

CG031726

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Created March 1997

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If needed, copies may be ordered from:
Center for Mental Health in Schools
UCLA Dept. of Psychology
P.O. Box 951563
Los Angeles, CA 90095-1563

The Center encourages widespread sharing of all resources.

UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: ***To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.***

Through collaboration, the center will

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

Technical Assistance   *Hard Copy & Quick Online Resources

Monthly Field Updates Via Internet   *Policy Analyses

Quarterly Topical Newsletter

Clearinghouse & Consultation Cadre

Guidebooks & Continuing Education Modules

National & Regional Networking

Co-directors: Howard Adelman and Linda Taylor
Address: UCLA, Dept. of Psychology, 405 Hilgard Ave., Los Angeles, CA 90095-1563.
Phone: (310) 825-3634 FAX: (310) 206-8716 E-mail: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu/

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.

About the Center's Clearinghouse

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom; a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; and available for searching from our website.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

• E-mail us at	**smhp@ucla.edu**
• FAX us at	(310) 206-8716
• Phone	(310) 825-3634
• Write	School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site: **http://smhp.psych.ucla.edu**

All materials from the Center's Clearinghouse are available for order for a minimal fee to cover the cost of copying, handling, and postage. Most materials are available for free downloading from our website.

If you know of something we should have in the clearinghouse, let us know.

The *Center for Mental Health in Schools* operates under the auspices of the School Mental Health Project at UCLA.* It is one of two *national centers* concerned with mental health in schools that are funded in part by the U.S. Department of Health and Human Services, Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration -- with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Project #U93 MC 00175).

The UCLA Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted models and practices to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance collaboration between school and community programs. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.

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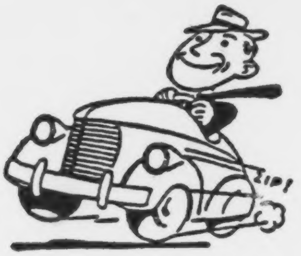
Address: Box 951563, UCLA, Dept. of Psychology, Los Angeles, CA 90095-1563.
Phone: (310) 825-3634 FAX: (310) 206-8716 E-mail: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu

Need Resource Materials Fast?



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Use our Website for speedy access
to Psychosocial resources!!!!!

Stop on by for a visit at
http://smhp.psych.ucla.edu ☜

Just click *SEARCH*
from our home page
and you are on your way!!

You can:

☞ **QUICK FIND:** *To quickly find information on Center topics*

☞ **SEARCH OUR WEB SITE:** *For information available on our web pages.*

☞ **SEARCH OUR DATABASES:** *For resource materials developed by our Center, clearinghouse document summaries, listings of cadre members, organizations and internet sites.*

Quick Find Responses include:

- ☛ Center Developed Resources and Tools
- ☛ Relevant Publications on the Internet
- ☛ Selected Materials from Our Clearinghouse
- ☛ A whole lot more, and if we don't have it we can find it !!!! We keep adding to and improving the center — So keep in contact!

Preface

Those of you working so hard to address barriers to student learning and promote healthy development need ready access to resource materials. The Center's Clearinghouse supplements, compiles, and disseminates resources on topics fundamental to enabling students to learn. Among the various ways we package resources are our *Resource Aid Packets.*

Resource Aid Packets are designed to complement our series of Introductory Packets. These resource aids are a form of *tool kit* related to a fairly circumscribed area of practice. The packets contain materials to guide and assist with staff training and student/family interventions. They include overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice.

This Resource Aid on *Where to Get Resource Materials* is designed to provide a sampling of organizations and publishers that offer a variety of materials relevant to addressing students' psychosocial and mental health concerns. Included is information about resources available upon request and/or purchase. The packet is divided into three sections:

> Section I identifies national centers and clearinghouses, professional organizations and foundations that provide printed documents such as fact sheets, brochures, pamphlets, posters, etc. that are useful for educational programs and campaigns. Most of the places listed in this section supply bulk materials for free or require a minimum recovery fee.
>
> Section II lists publishers and distributors of books, curriculum modules/packages, posters, multimedia tool kits (e.g. audio/videotapes and educational software programs), educational games, and so forth that serve as supplementary aids and strategies for classroom learning, as well as counseling purposes. Some also offer in-service training materials for staff development in dealing with the students' psychosocial problems. In general, the materials listed in this section are available for purchase.
>
> Finally, Section III contains sample fact sheets provided by organizations listed in section I.

Where to Get Resource Materials To Address Barriers to Learning

Section I

*National Centers, Clearinghouses and Professional Organizations**

In this section, you will find a sampling of resources that offer fact sheets, brochures, pamphlets, posters and other useful documents:

- **Addiction Research Foundation (ARF)**
- **Adolescent Violence Prevention Resource Center (AVPRC)**
- **Advocates for Youth**
- **American Academy of Child and Adolescent Psychiatry (AACAP)**
- **The American Bar Association Center on Children and the Law (ABA)**
- **American Council for Drug Education (ACDE)**
- **American Humane Association**
- **American Psychiatric Association**
- **American Psychological Association (APA)**
- **Appalachia Educational Laboratory, Inc. (AEL)**
- **Arizona Prevention Resource Center (APRC)**
- **Center for Mental Health Services (CMHS)**
- **Center for School Mental Health Assistance (CSMHA)**
- **Consumer Information Center**
- **ERIC Clearinghouse for Counseling and Student Services (ERIC/CASS)**
- **Federation of Families for Children's Mental Health**
- **Illinois Prevention Resource Center (A Project of Prevention First, Inc.)**
- **National Adolescent Health Information Center (NAHIC)**
- **National Alliance for Mentally Ill (NAMI)**
- **National Association of School Psychologists (NASP)**
- **National Association of Social Workers (NASW)**
- **National Clearinghouse on Alcohol and Drug Information (NCADI)**
- **National Clearinghouse on Child Abuse and Neglect Information (NCCAN)**
- **National Clearinghouse on Families & Youth (NCFY)**
- **The National Dropout Prevention Center/Network**
- **National Information Center for Children and Youth with Disabilities (NICHCY)**
- **National Institute of Mental Health (NIMH)**
- **National Library of Education**
- **National Maternal and Child Health Clearinghouse**
- **National Runaway Switchboard (NRS)**
- **National Technical Assistance Center for Children's Mental Health**
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP)**
- **Prevention Resources from the Wisconsin Clearinghouse**
- **Research and Training Center in Family Support and Children's Mental Health**
- **UCLA Center for Mental Health in Schools**

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* Please remember this is a sampling of places that provide resource materials. For a more extensive listing of organizations with resources relevant to addressing barriers to learning, see the Center's Resource Aid Packet: ***Organizations with Resources Relevant to Addressing Barriers to Learning: A Catalogue of Clearinghouses, Technical Assistance Centers, and Other Agencies.***

Section II

*Publishers and Distributors**

This section contains publishers, books, curriculum programs, multimedia tool kits such as audio/videotapes/CD-roms and other educational software packages, educational games, etc. that are useful for classroom and counseling purposes. This also includes in-service training programs for staff development.

- **American Guidance Service (AGS) Guidance Catalog**
- **At-Risk Resources**
- **Canter & Associates**
- **Creative Therapy Store (Western Publishing Services)**
- **ETR Associates**
- **Free Spirit Publishing**
- **The Health Connection**
- **KidRights**
- **Krames Communications**
- **MarshMedia School Plan Review**
- **Morning Glory Press**
- **The National Center for Violence Prevention (from National Innovative Media Company)**
- **Performance Resource Press**
- **Research Press**
- **Scriptographic (Channing L. Bete, Co., Inc.)**
- **Sidran Foundation**
- **Sunburst**
- **Waterfront Books**
- **Zephyr Press**

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* While our Center identified these publishers and distributors as resource places, we realize these are private companies and are in no way related to us. Our Center also acknowledges that the list is not exhaustive and may have excluded other equally relevant places unintentionally. If you know of other good resources that should be included in this packet, we would appreciate your recommendation.

Section III

In this section, you will find samples of fact sheets provided by organizations listed in Section I. These are grouped by the organization.

A. *Mental Health and Psycho-Social Problems*

1. **General**

    - **Mental, Emotional, and Behavior Disorders in Children and Adolescents**
    - **Cultural Competence in Serving Children and Adolescents with Mental Health Problems**
    - **Children's and Adolescent's Mental Health**

2. **Specific Types of Problems** (A Sampling of Fact Sheets from Several Agencies)

    - *U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services*
        - **Anxiety Disorders in Children and Adolescents**
        - **Conduct Disorder in Children and Adolescents**
        - **Major Depression in Children and Adolescents**
    - *American Academy of Child and Adolescent Psychiatry (AACAP)*
        - **Child Abuse - The Hidden Bruises**
        - **Child Sexual Abuse**
        - **Children on TV Violence**
        - **Children of Alcoholics**
        - **Children Who Can't Pay Attention**
        - **Learning Disabilities**
        - **Responding to Child Sexual Abuse**
        - **Teens, Drugs and Alcohol**
        - **Teen Suicide**
    - *National Assocation of School Psychologists (NASP)*
        - **Shyness**
        - **Children and Masturbation**
        - **Children and Depression**
        - **Children and Household Chores**
        - **Children and Study Skills**

- *National Clearinghouse for Alcohol and Drug Information (NCADI)*
    - **Alcohol**
    - **Inhalants**
    - **Stimulants**

- *National Adolescent Health Information Center (NAHIC)*
    - **Fact Sheet on Adolescent Homicide**

B. *Programs and Processes*

- *Advocates for Youth*
    - **Programs at a Glance: Promising Adolescent Pregnancy Prevention Programs**

- *U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services*
    - **Radio Public Service Announcements**
    - **Systems of Care**

- *American Psychological Association (APA)*
    - **Anxiety Disorders: The Role of Therapy in Effective Treatment**
    - **How Therapy Helps People Recover from Depression**
    - **How to Find Help Through Therapy**
    - **Managing Traumatic Stress**

Section I

*National Centers, Clearinghouses and Professional Organizations**

In this section, you will find a sampling of resources that offer fact sheets, brochures, pamphlets, posters and other useful documents:

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Addiction Research Foundation (ARF)

ARF is North America's largest facility combining research, treatment, and community action on substance abuse. As a major resource for substance abuse information, ARF publishes pamphlets that provide detailed fact sheets on a variety of substances of abuse, including their short and long-term effects, withdrawal symptoms, and potential for abuse. These pamphlets, which can be reproduced and are free of charge, can be downloaded through their website.

Contact: 33 Russell Street
Toronto, Canada M5S 2S1
Ph: 1-800-463-6273
Website: http://www.arf.org/

A listing of their products is as follows:

- *Pamphlets*
  - Naltrexone
  - Alcohol
  - Amphetamines
  - Barbiturates
  - Benzodiazepines
  - Caffeine
  - Cannabis
  - Cocaine
  - Hallucinogens
  - Inhalants
  - LSD
  - Opiates
  - PCP
  - Tobacco
  - Tranquillizers and Sleeping Pills
  - Alcohol, Other Drugs and Drivin

- *Assessment/Treatment*
  - Alcohol and Drug Problems: A Practical Guide for Counsellors
  - Alcohol and Drug Treatment Resources in Ontario, 1995-1996
  - Alcohol Clinical Index
  - Alcohol Dependence Scale (ADS)
  - ASIST (A Structured Addictions Assessment Interview for Selecting Treatment)
  - Assessment Handbook for Addictions Treatment Programs
  - Directory of Client Outcome Measures
  - Directory of French Alcohol and Drug Treatment Services in Ontario
  - Drug Abuse Screening Test (DAST-20)
  - The Evaluation Casebook
  - Inventory of Drinking Situations (IDS-100)
  - Situational Confidence Questionnaire (SCQ-39)
  - Youth and Drug Abuse: A Planner's Guide to Multi-Functional Treatment

- ***Public Information Materials* (PIMS)**
  - About Cocaine
  - About Smoking
  - Alcohol and Drug Treatment in Ontario: A Guide for Helping Professionals
  - Alcohol and Drug Treatment in Ontario: A Guide for People Seeking Help
  - Alcohol, Drugs and Woman Abuse
  - Believe in Yourself materials
  - Corporate Profile (pamphlet)
  - Dealing with Drinking
  - Do you know... (pamphlet series)
  - An Early Start
  - Having a Party?
  - INFO-ARF Drug and Alcohol Information Line
  - Is it Safe for my Baby?
  - Just Say "Know": Know the Facts About Spinal Cord Injury and Alcohol

Adolescent Violence Prevention Resource Center (AVPRC)

(from Education Development Center, Inc.)

Through funding from the Maternal and Child Health Bureau, Health Resources and Services, the Children's Safety Network (CSN) injury prevention center at Education Development Center operates the nation's first Adolescent Violence Prevention Resource Center (CSN AVPRC). The mission of CSN AVPRC is to assist Maternal and Child Health (MCH) agencies as they develop new adolescent violence prevention programs and improve current prevention efforts. The center will also receive requests for assistance from schools around the country. CSN AVPRC's major tasks are to : (1) facilitate information sharing and the provision of technical assistance by creating and maintaining database on violence prevention programs, state-specific violence information, and consultants and speakers; (2) develop materials such as an annotated bibliography of violence prevention curricula, a semiannual newsletter, and technical assistance papers; and (3) plan and conduct site visits, workshops, and phone and mail contact.

For more information about the CSN AVPRC):

Rebecca Atnafou
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060
Phone: (617) 969-7100
Fax: (617) 244-3436; e-mail: rebeccaa@edc.org
Website: http://www.edc.org/

To order free publications, contact: *Consie English*
55 Chapel Street
Newton, MA 02158-1060
Ph: 617/969-7100
Fax: 617/244-3436; e-mail: consiee@edc.org
Website: http://www.edc.org/

The following publications are available free of charge from CSN AVPRC (unless noted otherwise):

- ***Options***
  AVPRC's newsletter which features issues on: youth and firearms; teen dating violence; children as witness to community violence; parenting education and violence prevention; and violence prevention and the arts (available February/March 1997)

- ***Journal Article***
  "Violence Prevention in Schools and Other Community Settings: The Pediatrician as Initiator, Participant, Educator, Collaborator, and Advocate"-Supplement to Pediatrics, October 1994, pp. 623-630

- ***Workshop Summary***
  "Youth Violence and Its Prevention"-*Reaching Youth: A Public Health Responsibility* (Published in collaboration with NCEMCH. Available free from NCEMCH, 8201Greensboro Drive, Suite 600, McLean, VA 22102.)

- ***Resource Materials***
- Newsletter and resource list: *Children as Witness to Community Violence*
- Resource list: *National Organizations for Youth Violence Prevention Information*
- Resource list: *Youth Violence Prevention Resources*
- Resource list: *Sources for National Survey on Violence in Schools*
- Annotated list: *Educational Resource for Violence Prevention* ($3)
- Annotated list: *Dating Violence Prevention Programs, Curricula, and Other Educational Materials* ($2)
- Book: *Locating and Using Sources of Data on Youth Violence,* a report on using data on violene, data source profiles, data presentation case studies ($10)

- Book: *Taking Action to Prevent Adolescent Violence: Educational Resources for Schools and Community Organizations* includes a summary of promising school-based violence prevention strategies, an annotated bibliography of over 90 curricula, brief descriptions of over 150 educational videos, and other resource listings ($10)

Note: To order *Locating and Using Sources of Data on Youth Violence* and *Taking Action to Prevent Adolescent Violence,* contact: *Educational Development Center, Inc.*
P.O. Box 1020
Sewickley, PA 15143-1020
Phone: (800) 793-5076
Fax: (412) 741-0609
E-mail: edcorder@abdintl.com

Advocates for Youth

Advocates for Youth works to increase the opportunities for and abilities of youth to make healthy decisions about sexuality. This center provides information, education and advocacy to youth-serving agencies and professionals, policy makers and the media.

Contact: 1025 Vermont Avenue, NW
Washington, DC 20005
Ph: 202/347-5700
Fax: 202/347-2263

A list of some of their publications include:

- *Get the Facts* Sheets

  Advocates' popular series of one-page fact sheets, updated regularly, cover essential statistics, emerging trends and resources in a concise and easy-to-use format.

  - Adolescent Childbearing and Educational Attainment
  - Adolescent Contraceptive Use
  - Adolescent Males: Sexual Attitudes & Behavior
  - Adolescent Sexual Behavior, Pregnancy and Parenthood
  - Adolescent Sexuality in Latin America (also in Spanish)
  - Adolescent Sexuality in Nigeria
  - Adolescent Sexuality in sub-Sahara Africa (also in French)
  - Adolescent Substance Use and Sexual Risk-taking Behavior
  - Adolescents and Abortion
  - Adolescents, HIV/AIDS and Other Sexually Transmitted Diseases (STDs)
  - Child Sexual Abuse I: An Overview
  - Child Sexual Abuse II: A Risk Factor for HIV/STDs and Teen Pregnancy
  - Condom Efficacy and Use Among Adolescents
  - Gender Bias: Perspectives from the Developing World
  - Healthy Futures in Jeopardy: Young People and Violence
  - Lesbian, Gay and Bisexual Youth: At Risk and Undeserved
  - Media Effects on Adolescent Sexuality
  - Parent-Child Communication: Promoting Healthy Youth
  - School-Based and School-Linked Health Centers
  - School Condom Availability
  - Sexuality Education: Curricula and Programs

  Single fact sheets cost $1.00 and fact packs (one of each title) -- $15.00

- ***Community Resources***

  - Condom Availability in Schools: A Guide for Programs
    This is the guide to advocating, implementing and evaluating school condom availability programs. Case studies, resources, and work sheets inlcuded.

- Guide to Programs for SBHC/SLHCs

  A comprehensive, five-volume resource for advocates or administrators on planning or expanding SBHS/SLHCs. They are:

  - Volume I: Advocating for a School-Based and School-Linked Health Centers
  - Volume II: Designing and Implementing School-Based and School-Linked Health Centers
  - Volume III: Potential Sources of Federal Support for School-Based and School-Linked Health Services
  - Volume IV: Assessing and Evaluating School-Based and School-Linked Health Centers
  - Volume V: Legal Issues Confronting School-Based Health Centers

- How to Use Site-Monitoring Teams to Evaluate School-Based and School-Linked Health Centers

  This is a step-by-step guide for SBHC evaluations. Useful for assessing service delivery in the early stages of a program.

- Advocacy Kits

  I. Adolescent Reproductive and Sexual Health: This kit contains tips on how to advocate for teen health programs, as well as background statistics, resources and sample materials to take your case to the community. Contains two fact sheets.

  II. The SBHC-specific version of the advocacy kit has all the materials of the Health Kit, plus special information for SBHC proponents including public education materials, an analysis of oppostion materials and an SBHC Fact Sheet.

■ ***Front Line Resources***

- When I'm Grown

  This three-volume resource for young children offers an innovative approach to "life-skills." It covers sexuality, HIV prevention and health information within a comprehensive framework of self-esteem developlment, problem-solving, healthy peer and family communications, values clarification, goal achievement, and career awareness. Nearly 300 activities mix large/small-group, hands-on/discussion exercises and role playing to stimulate self-reflection and critical-thinking skills. Available versions for grades K-12, grades 3-4, grades 5-6.

- Life Planning Education

  Comprehensive health resources include pregnancy/AIDS prevention and sexuality/life skills education for ages 13-18. Can be used in all youth settings.

- Make a Life for Yourself

  A companion to LifePlanning Education or a stand-alone resource, these workbooks contain thought-provoking and fun activities. Topics include planning for the future and making good choices about school, career and parenthood. For teachers, parents, teens and youth professionals. Includes information on HIV/AIDS.

American Academy of Child and Adolescent Psychiatry (AACAP)

AACAP has been a growing and dynamic organization, giving direction to and responding quickly to new developments in the health care environment, and addressing the needs of children, adolescents and families. AACAP has developed numerous publications addressing various issues related to mental health. Some of these publications, which are mostly free, can also be accessed through their website.

Contact: 3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
Ph: 202-966-7300
Fax: 202-966-2891
Website: http://www.aacap.org/

A list of their publications follows:

- ***Facts for Families***

To help educate parents and families about psychiatric disorders affecting children and adolescents, the AACAP publishes *Facts for Families* - over 54 informational sheets which provide concise and up-to-date material on issues such as the depressed child, teen suicide, helping children after a disaster, discipline, learning disabilities, and child sexual abuse. The fact sheets are available in English, Spanish, and French. Titles include:

- The Adopted Child
- The Anxious Child
- The Autistic Child
- Bedwetting
- Child Abuse - The Hidden Bruises
- Child Sexual Abuse
- The Child with a Long-Term Illness
- Children and AIDS
- Children and Divorce
- Children and Family Moves
- Children and Firearms
- Children and Grief
- Children & Lying
- Children & TV Violence
- Children of Alcoholics
- Children of Parents with Mental Illness
- Children Who Can't Pay Attention
- Children Who Steal
- Children Who Won't Go to School
- Children's Major Psychiatric Disorders
- Children's Sleep Problems
- Conduct Disorders
- The Continuum of Care
- The Depressed Child
- Discipline
- Helping Children After a Disaster
- Home Alone Children
- The Influence of Music and Rock Videos
- Know When to Seek Help for Your Child
- Know Your Health Insurance Benefits
- Lead Exposure

- Learning Disabilities
- Making Day Care a Good Experience
- Making Decisions About Substance Abuse Treatment
- Manic-Depressive Illness in Teens
- Mental Retardation
- Normality
- Panic Disorder in Children and Adolescents
- Problems with Soiling and Bowel Control
- Psychiatric Medication for Children
- Questions to ask about Psychiatric Medications for Children and Adolescents
- 11 Questions to Ask Before Psychiatric Hospital Treatment of Children & Adolescents
- Responding to Child Sexual Abuse
- Schizophrenia in Children
- Stepfamily Problems
- Teenagers with Eating Disorders
- Teens: Alcohol and Other Drugs
- Teen Suicide
- Tic Disorders
- When Children Have Children
- Who can be contacted to seek Help for Your Child

■ ***Publications Catalog***

This catalog provides listings for all publications currently available from the American Academy of Child and Adolescent Psychiatry.

- **Managed Care and Need for Services**

  ▸ Managed Care Contracting, Part I: Contracting Basics
  Part I of this two-part brochure series is designed to assist members in negotiating financially beneficial contracts with managed care companies. It includes a glossary of legal terms often found in managed care contracts, tips for negotiations, a list of issues to which members should pay particular attention, and a recommended reading list, and is available for $15.

  ▸ Managed Care Contracting, Part II: Capitation
  Part II of the series is for members who have experience with managed care contracts and are ready to take the next step to entering capitation agreements. The brochure provides step-by-step suggestions on how to determine an equitable capitation rate, examples of calculation processes, and a recommended reading list, and is available for $15.

  ▸ Managed Care Background Files.
  This file contains articles on managed care from the Academy's recent newsletters and policy statements related to that issue. Academy members write about dealing with managed care contracts, responding to utilization reviewers, and understanding your rights and your role in a managed health care system.
  Members: $30.00.

  ▸ How to Communicate Effectively With Managed Care Companies When Appealing Non-Certification Decisions Developed by the Task Force on Managed Care
  This brochure provides child and adolescent psychiatrists with strategies for responding to managed care vendors who deny certification of treatment that may be medically necessary. Members: $10.00.

- Child and Adolescent Psychiatry: Treatment and Insurance Issues, An Information Kit.

  This resource addresses the issues facing legislators, insurers, employers and prepaid plans when they need to make decisions regarding how--and to what extent--youngsters should be covered for child and adolescent psychiatric treatment. A set of slides to use in presentations to these or other groups is also available. Members: $5.00, Non-Members: $7.00. Set of 20 slides: Members: $12.00, Non-Members: $20.00.

- Child and Adolescent Psychiatric Treatment: Guidelines for Treatment Resources, Quality Assurance, Peer Review and Reimbursement.

  This 74-page looseleaf binder provides clear and detailed guidelines for peer review of child and adolescent psychiatric, substance abuse and eating disorder treatment. It describes the role and function of the continuum of treatment resources, and presents facts and recommendations regarding insurance coverage for child and adolescent psychiatric treatment. It also provides criteria for admission and continued stay for various levels of treatment. Hospitals, reviewers and providers should find it useful in their efforts to assure that treatment is medically necessary, appropriate, cost-effective and of adequate quality. Members: $15.00, Non-Members: $30.00.

- Documentation of Medical Necessity of Child and Adolescent Guidelines for use in Managed Care, Third-Party Coverage and Peer Review.

  This 30-page monograph is chapter 4 on criteria for admission and continued treatment from the binder listed above, reprinted in booklet form. It addresses the issues of severity and complexity of illness and the issues of intensity and duration of services required. Substance Abuse and Eating Disorders are included. Utilization review programs, insurance companies and managed care systems will find this useful in determining whether treatment is medically necessary and appropriate.
  Members: $6.00, Non-Members: $12.00.

- Resources for Quality Adolescent Hospitalization Kit.

  This folder, produced by the Academy's Task force on Adolescent Hospitalization, combines policy statements, articles and guidelines to assist providers and others in assuring appropriate hospitalization and quality care for adolescents with serious mental disorders. $10.00.

- Office of Clinical Affairs AACAP Managed Care Report
  (edited by Mary Jane England, M.D., and Alan Axelson, M.D.)

  Quarterly newsletter of interest to benefits managers concerning issues in child & adolescent psychiatric treatment. $10.

- **Public Information**

  - HIV/AIDS -- Information Sheet-Resource Guide.

    These two documents produced by the AACAP's HIV Issues Committee is a 24-page guide to information for caregivers of children and adolescents with HIV/AIDS. Free with self-addressed, large $2.00 stamped envelope. Order: PI-HIV.

  - Glossary of Mental Illnesses Affecting Teenagers.

    This brochure/poster defines 17 major mental disorders in clear, concise language. Also provided are a reading list and resource list for further information. Single copy free with self-addressed, large stamped envelope. Quantities: $.50 each. Order: PI-02.

  - Questions and Answers about Child Psychiatry.

    This pamphlet provides parents and others with answers to frequently asked questions that arise before consulting with a child and adolescent psychiatrist.
    Single copy free with self-addressed, stamped envelope. Order: PI-03.

- Definition of a Child and Adolescent Psychiatrist.
  These two pages describe the education and practice of a child and adolescent psychiatrist. For those seeking a career in child and adolescent psychiatry or those interested in the training of child and adolescent psychiatrists.
  Single copy free with self-addressed, stamped envelope. Order: PI-04.

- Normal Adolescent Development: A Fact Sheet.
  This three-page resource breaks down three phases of adolescence for the parent or caregiver: Early Adolescence (12 - 14 years), Middle Adolescence (14 - 17 years) and Late Adolescence (17 - 19 years) with appropriate and expected behavioral changes.
  Single copy free with self-addressed, stamped envelope. Quantities: $1.00 each.
  Order: PI-05

- A Generation at Risk: Mental Illness and Strategies for Intervention.
  This fully illustrated information kit looks at six crises confronting today's children and adolescents: substance abuse, AIDS, school failure, juvenile delinquency, inadequate child care and teenage pregnancy. The kit provides a fact sheet on each issue and also lists the following resources: treatment providers, films, videotapes, publications and national organizations. Valuable information for mental health professionals, community leaders, social service personnel, educators, parents and others.
  Members: $5.00, Non-Members: $10.00. Order: PI-06.

- Disaster Information: A Resource Kit.
  Developed by the Task Force on Consumer Issues, this resource binder provides preparation information, questions to address as a therapist, articles regarding disasters that have occurred, as well as community oriented programs to aid in the aftermath.
  Members: $50, Non-Members: $100. Order: PI-07

- Principles of Practice of Child and Adolescent Psychiatry.
  Adapted from the Academy's Code of Ethics, this one page document highlights a family's expectations of a child and adolescent psychiatrist.
  Single copy free with self-addressed, stamped envelope. Order: PI-08

- Reimbursement Issues When You are Choosing your Health Insurance or HMO.
  This brief flyer provides information on what to look for in health coverage to ensure that psychiatric benefits are included. Single copy free with self-addressed, stamped envelope. Quantities: $.50 each. Order: RE01.

- **Practice Parameters**

These documents provide the Academy's guidelines for the generally accepted level of practice, including guidelines for grade school-aged children, pre-school children and adolescents.

- ADHD, May 1991
- Conduct Disorders, March 1992
- Anxiety Disorders, September 1993
- Schizophrenia, June 1994

Members: Free with self-addressed, stamped envelope or by downloading.
Non-Members: $5.00. Order: PP01

- **Marketing**

  - AACAP Marketing Kit.
    This compendium of information covers a wide range of information essential to any practitioner: responding effectively to questions from the media, developing a patient information brochure, medical etiquette and practice management. This information is drawn from Academy Newsletter articles, reprints of articles from other sources and public relations and management consultants to the Academy. A complete set of "Facts for Families" and several brochures are included.

  - Developing a Marketing Plan for your Medical Practice Plus Information on Managed Care and Contracts.
    This looseleaf binder contains step-by-step instructions and several worksheets to help a child and adolescent psychiatrist develop a marketing plan. Also included are sections on managed care and negotiating contracts. Originally presented at the 1990 AACAP Annual Meeting as part of a workshop. Members: $15.00, Non-Members: $30. Order: MK02.

  - Kit for Mental Health Month, Mental Illness Awareness Week.
    This kit includes an Idea Book and Guidelines and Sample Materials Book for Public Information Campaigns by Child and Adolescent Psychiatrist and Regional Councils of Child and Adolescent Psychiatry. These two documents, developed for Mental Health Month (May) and Mental Illness Awareness Week (in October), provide an excellent overview of public information campaigns that vary in scope and time commitment. The theme of the Campaign is "Helping Children Now: For Them, For Us, For America." Sample press releases, public service announcements and government proclamations provided. Members: Free, Non-Members: $15.00. Order: MK03.

- **Policy Statements**

  Developed by the Academy's Committees, then approved by the Academy's Council, these statements reflect the Academy's voice on issues affecting the health of children, adolescents and their families. The topics are:

  - Placement of American Indian Children (1977) (AY04)
  - Adolescent Pregnancy & Abortion (1982) (AY06)
  - Roles & Responsibilities of Child and Adolescent Psychiatry in the Field of
  - Developmental Disabilities (1986) (AY09)
  - Adolescent Pregnancy Prevention (1986) (AY10)
  - Apartheid (1986) (AY11)
  - Position Paper on Substance Abuse -- The Nature and Extent of the Problem (1987) (AY12)
  - Position Paper on Substance Abuse -- Treatment and the Role of the Child (1987) (AY13)
  - Corporal Punishment in Schools (1988) (AY14)
  - Inpatient Hospital Treatment of Children and Adolescents (1989) (AY16)
  - Protecting Children Undergoing Abuse Investigations & Testimony (1989) (AY17)
  - HIV and Psychiatric Hospitalization of Children and Adolescents (1991) (AY18)
  - HIV and Youth (1991) (AY19)
  - Criteria for Clinical Privileges for Physician Members of Medical Staff (1990) (AY20)
  - Drug and Alcohol Screening (1990) (AY21)
  - Guidelines for the Clinical Evaluation for Child and Adolescent Sexual Abuse (1990) (AY22)
  - Firearm Safety (1990) (AY23)
  - Issues in Utilization Management (1990) (AY24)
  - Model for Minimum Staffing Patterns for Hospitals Providing Acute Inpatient

- Treatment for Children and Adolescents with Psychiatric Illnesses (1990) (AY25)
- The Role of Child and Adolescent Psychiatrist in Organized Systems of Care (1991) (AY26)
- The Role of Child and Adolescent Psychiatrists in Reviewing Medical Necessity of Care (1990) (AY27)
- Sexual Harassment (1991) (AY28)
- Principles of Universal Access: Child and Adolescent Psychiatric Services (1992)(AY29)
- Facilitated Communication (1993) (AY30)
  $1.00 each.

- **Prevention**

  - Prevention in Child and Adolescent Psychiatry
    This monograph examines how knowledge about prevention can be applied to the clinical practices of child and adolescent psychiatrists, and gives practical suggestions on how to implement a prevention program. (1990) $10. Order: PR01.

  - Prevention of Mental Disorders, Alcohol and Other Drug Use in Children and Adolescents.
    The results of the Academy's Project Prevention are summarized in the 12 chapters of this 478-page book. (1990) $10. Order: PR02.

- **Meetings Materials**

  - Psychopharmacology for Children
    Mark Riddle, M.D., Chair. March 1993 - San Juan, Puerto Rico $50
  - Emotional Disorders of Childhood
    Donna Moreau, M.D., Chair. February 1992 - Key Largo, FL $50
  - Attention Deficit and Related Disorders
    Dennis Cantwell, M.D., Chair. February 1991 - Jupiter Beach, FL $50
  - Biopsychosocial Aspects of Mood Disorders in Children, Adolescents, and Their Parents
    Elizabeth Weller, M.D., Chair. March 1989 - Orlando, FL $35
  - Patient Management Techniques in Child and Adolescent Psychopharmacology
    Charles Popper, M.D., Chair October 1993 - San Antonio, TX $50
  - Mental Retardation and Psychopathology: The New Definitions, Assessment and Treatment
    Ludwik Szymanski, M.D., Carl Feinstein, M.D., James Harris, M.D., Co-Chairs October 1993 - San Antonio, TX $50
  - Child and Adolescent Sexual Abuse: An Update
    Diane Schetky, M.D., Chair October 1993 - San Antonio, TX $50
  - Childhood Memory
    Daniel Siegel, M.D., Chair October 1993 - San Antonio, TX $50
  - Latino Children: Current Research and Clinical Perspectives
    Ian Canino, M.D., Chair October 1993 - San Antonio, TX $50
  - Attention Deficit Disorders: Subtypes and Comorbidity
    G. Davis Gammon, M.D., Thomas Brown, Ph.D., Co-Chairs October 1993 - San Antonio, TX $50
  - New Frontiers in Pediatric Psychopharmacology
    Laurence Greenhill, M.D., Chair October 1993 - San Antonio, TX $50
  - Treatment Efficacy: Teaching Models of High Quality, Fiscally Responsible Care
    Eugene Beresin, M.D., Barbara Coffey, M.D., Co-Chairs October 1993 - San Antonio, TX , $50
  - Fundamentals of Pediatric Psychopharmacology
    Charles Popper, M.D., Chair October 1992 - Washington, DC $50
  - Evolving Concepts in Child Psychoanalysis and Psychotherapy
    Donald Cohen, M.D., Chair October 1992 - Washington, DC $50

- The Process of Forensic Child and Adolescent Psychiatry
  Stephen Herman, M.D., Chair October 1992 - Washington, DC $50
- New Frontiers in Child Psychopharmacology
  Laurence Greenhill, M.D., Chair October 1992 - Washington, DC $50
- Teaching Developmental Psychopathology: What Teachers Need to Know
  Barbara Coffey, M.D., Eugene Beresin, M.D., Co-Chairs October 1992 - Washington, DC $50
- Changing Practices in Child & Adolescent Psychopharmacology
  Charles Popper, M.D., Chair October 1991 - San Francisco, CA $50
- A Developmental Perspective on Eating Disorders from Infancy to Adulthood
  Irene Chatoor, M.D., Chair October 1991 - San Francisco, CA $50
- The Role of Parenting in the Development of Child Problems
  Klaus Minde, M.D., Chair October 1991 - San Francisco, CA $50
- Psychotherapeutic Interventions in Pediatric Illness
  Patrick Burke, M.D., Chair October 1991 - San Francisco, CA $50
- Psychotherapy with Adolescents
  Robert Hendren, M.D., Chair October 1991 - San Francisco, CA $50
- Child & Adolescent Sleep Disorders from A to Zzz...
  Robert Kowatch, M.D., Chair October 1991 - San Francisco, CA $50
- Conduct Disorders: Clinical and Research Perspectives
  Jon Shaw, M.D., Chair October 1991 - San Francisco, CA $50

The American Bar Association Center on Children and the Law (ABA)

Founded by the ABA Young Lawyers Division in 1978, the Center's mission is to improve the quality of life for children through advancements in law, justice, and public policy. It's goals include: 1) Improvement of laws, policies, and judicial procedures affecting children; 2) Research & dissemination on law, policy, and practice related to children and families; 3) Enhancement of skills and competence of legal professionals in children's proceedings; 4) Education and assistance of non-attorneys on child-related law and its effect on their work; 5) Increase of public awareness of the law and system of justice related to children; and 6) Stimulation and assistance of activities and projects on children and the law.

The Center's areas of expertise encompass child abuse and neglect (including child sexual abuse and exploitation), child welfare and child protective service system enhancement, foster care, family preservation, termination of parental rights, child support, child fatalities, parental substance abuse, child custody and visitation, and parental kidnapping.

Contact: 740 15th St., NW
Washington, DC 20005
Ph: 202/662-1720
Fax: 202/662-1755; e-mail: ctrchildlaw@abanet.org
Website: http://www.abanet.org/child

A list of their publications includes:

- ***ABA Child Law Practice***
  This Center's periodical is a 16-page monthly law practice journal that includes information on: child abuse, neglect and molestation; civil rights; juvenile delinquency; foster care; adoption; parental drug and alcohol abuse; termination of parental rights; and liability.

- ***Center Books and Materials***

- Family Group Conferences in Child Abuse and Neglect Cases: Learning From the Experience of New Zealand.
  Describes how one nation is using an innovative approach to deal with proven cases of child abuse and neglect, and its adaptation to the United States. 1996; 300 pages, $19.95. Order # 549-0267.

- A Second Court That Works: Judicial Implementation of Permanency Planning Reforms.
  The Center's second study of a juvenile court (in this report, Grand Rapids) that effectively processes child protection cases. 1995; 122 pages, $15.00. Order #5[illegible] 0266.

- A Guide to The Multiethnic Placement Act of 1994.
  An overview of the federal law prohibiting race-based delay or denial of child placements, itslegislative history, and implementation questions. 1995; 51 pages, Single copies are free of charge. Order Directly From the Center (202/662-1743).

- Report on a National Reasonable Efforts Advisory Panel Meeting.
  Publication of a set of consensus statements and key discussion points on implementation of the "reasonable efforts" provisions of P.L. 96-272. 1995; 25 pages, $6.00 (Includes Postage and Handling). Order Directly From the Center (202/662-1743).

- Children On Hold: Improving the Response to Children Whose Parents Are Arrested and Incarcerated.
  Report of a federally-funded study on child impact, placement, and visitation issues. 1994; 300 pages, $35.00 (Summary costs $15.00). Order Directly From the Center (202/662-1743).

- Effective Screening of Child Care/Youth Service Workers.
  Report of a federally-funded study on criminal background checks and other screening practices. 1994; Over 350 pages, $29.95 (summary costs $3.50). Order Directly From the Center (202/662-1743)

- Runaway and Homeless Youth: A Survey of State Law.
  Analysis of statutes including juvenile court jurisdiction, emancipation, consent to health care, etc. 1994; 100 pages, $20.00. Order #549-0261.

- Kinship Care and Family Preservation: Options for States in Legal and Policy Development.
  An analysis of what states can do to establish effective policies to promote use of placements for children with extended family members that are both safe and promote permanency, while preventing unnecessary foster care. 1994; 76 pages, $15.00. Order #549-0260.

- The Impact of Domestic Violence on Children.
  A report to the ABA President that proposes actions that bar associations, attorneys, judges, and others can take to better address this issue. Contains lists of bar and pro bono domestic violence programs. 1994; 38 pages, $6.00. Order #549-0248.

- Handbook on Questioning Children: A Linguistic Perspective.
  Forensic linguist Anne Graffam Walker, Ph.D., covers principles of children's understanding of adult questions, problems adults encounter in child interviewing, language-related reasons for inconsistencies in child testimony, and a prototype for a competency voir dire. Includes references, reading lists and other appendices. 1994; 124 pages, $34.95. Order #549-0246.

- Toward a Common Goal: Tribal & State Intergovernmental Agreements For Child Support Cases
  Describes a process for developing agreements between state agencies and Native American tribes on child support, includes sample agreements, and contains the texts of actual agreements in use. 1994; 144 pages, $6.00 (Includes Postage/Handling). Order Directly From the Center (202/662-1743).

- Establishing Ombudsman Programs for Children and Youth: How Government's Responsiveness To Its Young Citizens Can Be Improved.
  Includes information on 14 systems in other nations to enhance children's services accountability as well as relevant laws in 13 states. Provides 15 case studies on the work of children's ombudsmen. Discusses legislative strategies for creating/enhancing programs. 1994; 220 pages, $34.95. Order #549-0245.

- The Prosecution of Child Sexual and Physical Abuse Cases: Final Research Report.
  The results of a three-year study of the policies and practices of prosecutor offices with respect to criminal child maltreatment proceedings. Includes findings from telephone

surveys of 600 prosecutors nationwide and an analysis of case outcomes in ten sites. Project findings and implications for criminal child abuse prosecutors are included. 1994; 216 pages, $25.00. Order Directly From the Center (202/662-1743).

- Child Sexual Abuse Judicial Education Manual.
  An instructional tool for judges and other professionals, it includes 9 substantive training units on multidisciplinary issues, an extensive topical bibliography, table of legal, medical, and social science experts, a listing of major conferences/trainings, and reprints of materials. 1994; approx. 500 pages, $40.00. Order Directly From the Center (202/662-1743).

- Judicial Primer on Child Sexual Abuse Cases.
  Four chapters written by authorities in the field provide recent information on dynamics of molestation, children's perceptions of the legal process, child witnesses, and evidentiary issues. 1994; 101 pages, $25.00. Order #549-0107.

- Child Maltreatment: A Summary and Analysis of Criminal Statutes.
  Examines all fifty state criminal codes on crimes committed against children, including definitional, age, and penalty differences as well as how perpetrators are classified under different statutory approaches. 1994; 163 pages, $15.00. Order Directly From the Center (202/662-1743).

- America's Children At Risk: A National Agenda for Legal Action.
  Report of the ABA Working Group on the Unmet Legal Needs of Children & Their Families. July 1993; 105 pages, $10.00. Order #549-0241. (This Price Includes Handling Charge)

- How to Work With Your Court: A Guide for Child Welfare Agency Administrators.
  Provides information for agency executives and judges on setting up effective agency-court meetings, getting agency attorneys and judges to participate in educational programs, improving P.L. 96-272 compliance, enhancing agency success rates in court actions, dealing with "problem" judges, and helping agencies get legal support. 1993; 118 pgs, $24.95. Order #549-0239.

- Overcoming Barriers to Permanency: An Annotated Bibliography.
  Includes abstracts of hundreds of published books and articles addressing the timeliness, and enhanced provision of, permanent homes to children subject to intervention for abuse, neglect, or abandonment. 1993; 74 pages, $35.00. Order #549-0240.

- A Judicial Benchbook on Drugs and Families.
  Addresses drug and alcohol testing, medical and mental health assessments, treatment, social services issues, and relevant court orders. Includes appendices on effects of drug and alcohol use and useful checklists. 1993; 340 pages, $85.00. Order Directly From the Center (202/662-1743).

- Judicial Implementation of Permanency Planning Reforms: One Court that Works
  A study of Cincinnati's juvenile court implementation of foster care reform. While not a "model" in all respects, it is an example of a "state of the art" court: efficient management, strong administration, adequate resources, thorough hearings, and a high judicial expertise. 1992; 139 pages, $14.95. Order #549-0234.

- Establishing a Core of Services for Families Subject to State Intervention: A Blueprint for Statutory and Regulatory Action.
  A guide on rebuilding services to families of maltreated children, with legislative language/commentary to help create stronger, better organized services. Analyzes law-mandated service and eligibility issues, procedural protections for recipients,

interagency support, contracting for a core of services, case management reform, evaluating reports and services, and implementation timetables. 1992; 140 pages, $30.00. Order #549-0226.
NOTE: This text is available for $15 on diskette. Call Kendra John-Baptiste (202/662-1746) for information.

- Responding to Child Maltreatment Fatalities.
  Includes Child Fatality Legislation in the U.S., Child Death Review Teams: A Manual for Design and Implementation, Data Collection for Child Fatalities: Existing Efforts and Proposed Guidelines, and Child Fatality Investigative Procedures Manual. 1992; 694 pages, $65.00. Order #549-0232.
  NOTE: These are also available separately. Ask ABA Customer Service for individual prices.

- Children's Rights in America: U.N. Convention on the Rights of the Child Compared with United States Law.
  A collection of original essays and policy analyses by legal scholars and child advocates. The 17 chapters explore the relationships between state/federal laws and the Convention's 54 Articles. 1990; 344 pages, $25.00. Order #549-0215.

- Lawyers for Children.
  Written for a Harvard Law School-ABA Conference, the 18 papers focus on developments in legal advocacy for children in child abuse/neglect cases, the role of legal advocates, advocacy legal programs, and advocacy in child protection cases. 1990; 372 pages, $16.00. Order #549-0213.
  NOTE: Also available are works on representing parents in child protection cases, the rights of foster parents, and improvement of child welfare agency legal representation. Call the Center for information.

- Liability in Child Welfare and Protection Work: Risk Management Strategies.
  Applies risk management strategies to the child welfare sector. Identifies risks of liability, how to evaluate potential losses, child welfare risk management, and financing liability losses through insurance and the public sector. 1991; 162 pages, $14.00. Order #549-0126.

- Sexual Abuse Allegations in Custody and Visitation Cases.
  Materials include research findings on false allegations and an extensive focus on expert evaluation, child victim/witness testimony, and recommendations for judicial reform. 1988; 416 pages, $22.50. Order #549-0067.

- Child Abuse: A Police Guide.
  Pocket-size booklet on police roles in child maltreatment cases. A ready-reference for patrol officers, administrators, and trainers, covering identification, reporting, investigation, arrest, and protective custody processes. Quantity deep-discounts are available. 1988; 37 pages, $3.00. Order #549-0068.
  NOTE: The Center also has works on CPS decision-making, on intake/investigation procedures for CPS, and materials for judges on handling child abuse cases. Call for information.

- Court Rules to Achieve Permanency for Foster Children: Sample Rules and Commentary.
  A permanency-focused resource to improve court rules and procedures in abuse, neglect, and termination of parental rights cases. 1985; 146 pages, $10.00. Order #549-0015.
  NOTE: The Center also has books on ending foster care drift, removing barriers to termination of parental rights, and freeing special needs children for adoption. Call for information.

American Council for Drug Education (ACDE)

Founded in 1977, the mission of the American Council for Drug Education (ACED) is to diminish substance abuse and its impact by reaching individuals through volunteerism, national help lines and drug-free work place initiatives, and by producing and distributing compelling anti-drug information worldwide. Since its inception in 1977, the Council has:

- developed and distributed numerous publications and videotapes which assist millions of Americans in understanding the impact of alcohol and other drug abuse on their lives;
- launched educational campaigns targeted to specific high-risk audiences;
- established a networking and information sharing relationship with the print and broadcast media and film industry; and
- provided direct assistance to thousands of individuals, businesses and organizations seeking advice and information about alcohol and other drug abuse prevention.

Contact: 164 W. 74th Street
New York, NY 10023
Ph: (800) 488-3784

The following brochures are available through ACDE. Bulk rates are available. Please contact ACDE at 800-488-DRUG.

- ***Drug Awareness Series***
  - Alcohol ($0.42 each)
  - Cocaine and crack* ($0.42 each)
  - Drugs in the workplace ($0.42 each)
  - Drugs and pregnancy ($0.42 each)
  - Drugs in your medicine cabinet ($0.42 each)
  - Heroin and other narcotics* ($0.42 each)
  - Inhalents ($0.42 each)
  - LSD, PCP, ecstacy and ice ($0.42 each)
  - Marijuana* ($0.42 each)
  - Talking with your kids about marijuana ($0.42 each)
  - Methamphetamines ($0.42 each)
  - Tobacco* ($0.42 each)
  - Complete set of series ($5.00 each)

- ***For parents***
  - Let's talk: Communicating with you child about tobacco, alcohol and other drugs ($3.00 each)

- ***For teachers***
  - The Safe and Drug-Free School newsletter ($2.00 each)

- ***Books***
  - Drugs and Pregnancy: It's not worth the risk ($3.00 each)
  - Getting tough on gateway drugs: A guide for the family ($15.00 each)
  - A school answers back: Responding to student drug use ($10.00 each)
  - Childhood and adolescent drug abuse: A physician's guide to office practice ($5.00 each)

*Indicates English or Spanish version available

American Humane Association

Offers a popular new video and guidebook on identifying child abuse, along with dozens of reliable training guides and informative materials available from the Children's Division of the American Humane Association. It also includes educational pamphlets, guides, posters, and other resources geared toward child protection professionals and advocates.

Contact: 63 Inverness Drive, East
Englewood, CO 80112
Ph: (800) 227-4645
Fax: (303)792-5333
Website: http://www.amerhumane.org/aha

Their publications catalog include:

- *NEW Resources*
  - Assessment and Case Planning in Child Protection and Foster Care Services, 1996 (Charles Horejsi, Ph.D.)

    Do you need simply written training materials on assessment, case planning, and report writing? In this monograph, you'll find key information on how to identify factors indicating risk of abuse and neglect. Learn how to gather specific information to inform the development of a case or service plan by using checklists and by writing measurable objectives. Examples of master lists for use in assessment and case planning, along with a Service Plan Outcome Checklist (SPOC) and a glossary, are included.

  - Family Center Initiative Project Report, 1996 (American Human Association)
    Universal Home Visitation Project Report and Implementation Guide, 1996, (American Humane Association)

    Designed to help other rural communities learn from the experiences of this initiative, these reports highlight the major issues, barriers, and facilitating factors encountered during implementation of the project. Communities interested in implementing similar initiatives will want to be aware of, and be prepared to address, these inhibiting and helping factors. The report describe: The community needs assessments process, activities to involve local Hispanic populations, the evaluation process and results, and major lessons learned.

- *Professional Resources*
  - Understanding the Medical Diagnosis of Child Maltreatment: A Guide for the Non-Medical Professional, Revised 1996, (J.C. Smith, M.D.; R.L. Benton, M.D., M.P.H.; J.K. Moore, R.N., M.P.H.; and D.K. Runyan, M.D., Dr. P.H.)

    This edition is packed with new research findings and information in the areas of head injury, radiographic findings, parental substance abuse, and sexual abuse. It is used extensively by all involved in child maltreatment cases-law enforcement officials, juvenile judges, attorneys, and other non-medical disciplines-as well as CPS workers. It provides a straightforward discussion of the basis for identifying manifestations of physical abuse, neglect, and child sexual abuse. Extensive appendices include information on well-child care, developmental milestones for children, and child fatalities.

- Third National Roundtable on Outcome Measures in Child Welfare Services: Summary of Proceedings, 1996, (N. McDaniel, M.P.A.; L. Merkel-Holguin, M.S.W.; and R. Alsop, M.A., eds.)
  This Summary of Proceedings is a compilation of the presentations made at the 1995 Third National Roundtable on Outcome Measures in Child Welfare Services sponsored by the Children's division of the American Humane Association and the National Association of Public Child Welfare Administrators, an affiliate of the American Public Welfare Association. Presentations included: Context for Change; Overcoming the Fear of Accountability; The Value and Challenges of Research; and Using Information to Improve Policy and Practice. In addition, the Proceedings contain an overview of state and county efforts to develop and implement child welfare outcome measurement initiatives.

- Second National Roundtable on Outcome Measures in Child Welfare Services: Summary of Proceedings, 1995, (N. McDaniel, M.P.A., and R. Alsop, M.A., eds.)
  Compiled from the Second Roundtable held in April 1994, this issue of the proceedings includes a briefing paper, A Framework for Outcome Measures in Child Welfare Services, along with presentations of experience from Colorado, California, Texas, and Utah. Draft indicators on child safety, family continuity/preservation, child functioning, and family functioning developed from work groups are provided. You'll find tips for getting started in developing outcome measures in agencies.

- First national Roundtable on Outcome Measures in Child Welfare Services: Summary of Proceedings, 1994, (N. McDaniel, M.P.A., and R. Alsop, M.A., eds.)
  Topics discussed at this first Roundtable in 1993 include: Methodological issues, evaluation of outcome measurement philosophy, barriers to performance monitoring, service integration and interagency assessment, client outcome evaluation in a public agency, practice-based research on outcomes.

- Selected Annotated Readings on Outcome Measures in Child Welfare, 1993, (W. Walsh, compiler)
  This short bibliography provides annotation of selected readings in several subject areas related to outcome measurement in the field of child welfare. Subjects include research on the evaluation of case outcomes, implementation strategies for incorporating and supporting outcome evaluation agency-wide, and approaches to defining and implementing case and client outcome measurement.

- Child Welfare Workload Analysis and Resource Management: WARM Workshop and Practitioner's Meeting-Resource Manual, 1993, (American Humane Association)
  Developed as a resource manual for the WARM workshop offered by the American Humane Association in September 1993, this notebook contains readings, articles, and spreadsheet models to assist practitioners with a basic understanding of workload concepts and a technical capacity to develop and evaluate an approach to incorporating workload into agency management. Sections include caseload vs. workload (defining CPS services), work measurement (setting workload standards), unit of service costing, resource decisions and resource justification, cos distribution and allocations (converting costs to unit costs), and resource and decision support systems.

- ***Training Resources***
  - The Visual Assessment of Physical Child Abuse Video and Guidebook, 1996, (American Humane Association)
    This 27-minute video and accompanying guidebook provide excellent visual information for use by anyone working with children who needs to be able to identify and report child abuse and neglect. You will learn: How to detect signs of child abuse versus normal childhood accidents, when and how to report child maltreatment, tips for talking with children and parents about suspected abuse or neglect, and much more!

- Call to Competence: Child Protective Services Training and Evaluation, 1994, (J.F. Jones, Ph.D.; K. Stevenson, Ph.D.; Patrick Leung, Ph.D.; and K.M. Cheung, Ph.D.)
  Administrators, supervisors, staff development personnel, and front-line workers-practitioners and trainers alike-learn how to assess and evaluate the effectiveness of training programs within CPS! This work reviews challenges and opportunities within training programs, how to determine knowledge and skill competencies, and much more. It also includes results from a national survey on training and evaluation.

- A Training Guide for Recognizing and Reporting Child Abuse for Animal Control Officers and humane Investigators, 1995, (S. Barnard, M.S.; C. Parry, Ph.D.; M. Edwards, Ph.D.; E. Muslim; and M. Kaufmann)
  Written specifically for animal control officers and humane investigators, this 70-page training guide shows you how to handle those instances when you suspect that children in the house hold are also being mistreated.

- Helping in Child Protective Services: A Competency-Based Casework Handbook, 1992, (J. Filip, M.S.W.; N. McDaniel, M.P.A., and P. Schene, Ph.D., eds.)
  Built around defined competencies in terms of knowledge and skills necessary to work in the profession, this well-respected text addresses case decision making, risk assessment, outcome measures, and cultural competencies. Vital chapters include information on accountability; child development and parenting; interviewing techniques; intake, assessment, and intervention; medical and legal aspects of child abuse and neglect; and the integration and coordination of community resources for children and families.

- Child Sexual Abuse Curriculum for Social Workers, 1988, (J. Filip, M.S.W.; J. Berdie, M.S.W.; and K. Stevenson, Ph.D., eds.)
  This curriculum supports a ten-day, comprehensive training. It includes an overview of child sexual abuse, initial intervention and assessment of cases, case management techniques, treatment issues, the judicial system, the medical aspects of child sexual abuse, and prevention. Pre- and post-knowledge exams and evaluation of skills such as interviewing the child victim and assessing case planning skills are provided.

- Group Process and Teamwork: A Training Program for Multidisciplinary Child Abuse Teams, 1987, (Children's Medical Services in Florida)
  This 3-part training module provides information which enhances group processing skills and an awareness of group dynamics, and focuses on multidisciplinary team staffing situations.

■ ***The Link Resources***

- Linking a Response: A Collaborative Approach to Child Abuse, Domestic Violence, and Animal Abuse, (American Humane Association)
  This one and one-half hour audio tape provides the presentations from this teleseminar held in June 1996. Leaders from child welfare, domestic violence, humane education, animal control, health care, prosecution, and law enforcement share their concerns. Topics include how to establish Family Violence Councils; A Coordinated Response to Child and Family Abuse; and Concern for Animals While Trying to Protect Children and Families. Speakers include Fr. Frank Ascione, Ph.D., Department of Psychology, Utah State University; Meredith Hofford, Family Violence Project Director, National Council of Juvenile and Family Court Judges; and Andrea Solak and Nancy J. Diehl, Wayne County, Michigan Prosecutor's Office, Detroit.

- Protecting Children and Animals: An Agenda for a Non-Violent Future, 1993, (American Human Association)
  This publication provides a summary of AHA's conference on violence held Herndon, Virginia, in 1992. The conference brought together animal protection professionals, attorneys and other court personnel, medical professionals, teachers,

theologians, veterinarians, social workers, and researchers to discuss research on the relationship of violent acts toward vulnerable populations, such as animals and children, early signs of violence in individuals, and the effectiveness of prevention and treatment programs.

- Report on the Summit on Violence to Children and Animals, 1991, (American Humane Association)
  This 22-page, comprehensive report summarizes the presentations on the link between child and animal abuse given by professionals from a variety of fields and disciplines at AHA's 1991 Summit.

- ***Advocacy Resources***
  - Helping Children an Families Through Legislative Activism; A Guide to the Legislative Process, 1995, (A. Douglass and A.P. Winterfeld, J.D.)
    This booklet provides guidance on how to identify issues, how to become familiar with federal/state legislative systems, and how to express opinions to legislators through personal visits, letters, phone calls, telegrams, and voting.

  - Children's Division T-shirt-"American Humane is Kids, too!"
    Design is black, purple and teal on muslin-colored 100% cotton knit. Lots of folks think "animals" when they hear American Humane Association. Well, we're "kids, too." Help us get the message out!

  - Lapel pin
    Show your support for American Humane Association's efforts on behalf of vulnerable children and their families! AHA's emblem in teal on white background.

  - Stop Child Abuse-Bake Some Cookies
    Doing something as simple as baking cookies, offering to babysit, or bringing a meal to a "stressed-out" family can show the parent you care. Lending a hand just might keep a child from being harmed.

- ***Informative Brochures***
  - Guidelines for Schools, 1993
    Open this brochure to find an easily readable chart of physical and behavioral indicators of abuse and neglect. Educators and other school personnel will gain information on reporting, the importance of early detection, parental attitudes toward abuse and neglect, the role of child protective services, the reasons behind maltreatment, the educator's responsibility, and what one can do to help.

  - Guidelines to Help Protect Abused and Neglected Children, 1993
    Containing the same chart of indicators as the Schools brochure, this leaflet is an essential resource for social services, law enforcement and court personnel, medical and mental health professionals, public health personnel, and child advocacy groups.

  - The Cycle of Violence to Children and Animals, 1995
    This dramatic brochure defines what the link between child and animal abuse is and how it affects our society. Steps that anyone can take to break the cycle are listed.

  - What Can You Do When You Think A Child Needs Help?, 1996
    You can make a difference just by showing you care. As part of AHA's Campaign Against Violence, this brochure provides answers to commonly asked questions: Why should I get involved?; How can I make a difference in an abused child's life?; What should I do when I witness abuse in public?

- How to Identify a Child Who Needs Help, 1996
  Another resource developed for the Campaign Against Violence, this brochure explains the factors that can contribute to child abuse and neglect, defines various types of maltreatment, and stresses the importance of early reporting.

- Calendar-One Day a Month Spent Helping A Child Can Make A Lifetime of Difference, 1996
  What can one person do to make a difference in the life of a child? This one-page calendar provides 31 daily tips to show you how. Includes: reading to a child, complimenting a child, learning nonviolent ways to discipline, taking parenting classes, donating money or time to organizations which serve and protect children, being a resource to stressed-out parents, and much more.

- ***Wall Charts***
  - The Child in A Violent Society: As Perpetrator, Witness or Victim, 1996, (Arent and Associates)
    This eye-catching, colorful wall chart addresses all aspects of violence that touch a child in today's society. The easy-to-read design provides key information about gangs, prevention strategies, conflict resolution, nonviolent anger management, and recovery from violence. More than a poster-it's a violence guidebook at a glance!

  - Abused and Neglected Children; How to Identify, Understand and Help, 1992, (Arent and Associates)
    This two-color chart provides an instant reference for identifying child victims, reporting child abuse, understanding and talking to victims, and helping victims. Do you work with child victims who are in recovery? This chart includes great tips to help child victims use their strengths. There's also a very useful "support for helpers" list of wellness ideas.

- ***Posters***
  - Cartoon Violence, 1995 (Campaign Against Violence)
    "Oh, I watched cartoons, too, and I'm fine!" Many people use statements like this as an excuse for ignoring TV violence. This new poster depicts cartoon violence and it's impact on children. The tag line says, "By the time a child is nine, he or she has seen 40,000 murders on television. What's so funny about that?" Powerful advocacy piece with a thought-provoking message!

  - Who'd Believe Something So Tiny Could Be Such an Enormous Pain the Butt!
    Parenting can be frustrating...imagine what it's like for a parent without a support system! Everyone can lend a helping hand to families who are stressed out. This poster tells us how. We can all make a difference. It's easier than you think!

  - Our Current Child Abuse Laws Are About This Effective.
    A child's face, showing signs of physical abuse, dominates this poster. A very small Band-Aid, superimposed on the child's forehead says, "Our current child abuse laws are about this effective," indicating that the child welfare system is under stress and the services that are currently being provided may only offer short-term solutions to the problem.

  - Her Parents Treated Her Like an Animal. To Save Her, So Did Her Rescuers.
    In 1875, there were laws against animal abuse but not child abuse. This poster tells the "Mary Ellen" story. Her case was the beginning of the child welfare movement and was a catalyst for the formation of the American Humane Association and child protection agencies in this country.

- Some of Them Lost Their Fingers and Were Fired. They Were the Lucky Ones.
  Children were exploited in the workplace in the late 19th and early 20th century in the U.S. The American Humane Association played an instrumental role in the passage of child labor laws.

- Protecting Children(Subscription only - libraries)
  AHA's respected quarterly publication provides information on topics of current concern in child welfare, showcasing programs, state activities and initiatives, federal and state legislation, current research, and a calendar of conferences relevant to the child welfare professional and child advocates. Information on new resources is also provided, as well as updates on activities and projects at AHA's Children's Division. All individuals who work with children can benefit from this publication!

American Psychiatric Association

The American Psychiatric Association is a national medical specialty society whose 40,500 physician members specialize in the diagnosis and treatment of mental and emotional illnesses and substance use disorders.

Contact: 1700 18th Street, N.W.
Washington, DC 20009
Ph: (202) 682-6000
Fax: (202) 682-6114
Website: http://www.psych.org/ (organization)
http://www.appi.org/ (press)

A list of their publication topics includes:

■ ***Let's Talk Facts About...***

This is a pamphlet series on various topics. Each contains an overview of the illness, its symptoms, and the illness's effect on family and friends. A bibliography and list of resources make it ideal for libraries or patient education. The pamphlet series are available in packets of 50 pamphlets.

- Childhood Disorders
- Teen Suicide
- Panic Disorder
- Eating Disorder
- Schizophrenia
- Choosing a Psychiatrist
- Phobias
- Obsessive-Compulsive Disorder
- Substance Abuse
- Coping with HIV & AIDS
- Mental Illness (An Overview)
- Manic Depressive/Bipolar Disorder
- Post Traumatic Stress Disorder
- Anxiety Disorder
- Depression
- Psychiatric Medication
- Alzheimer's Disease
- Mental Health of the Elderly

■ ***Subject Index***

- Anxiety Disorders
- Childhood Disorders
- Consultation-Liaison Psychiatry
- Cross-Cultural and International Psychiatry
- DSM-IV Library
- Eating Disorders
- Gender-Related Issues
- Geriatric Psychiatry, Alzheimer's Disease, and Dementia
- History and the Future
- Journals
- Law and Ethics
- Managed Care and Economics
- Marriage, Family, and Parenting
- Mood Disorders and Suicide
- Multimedia Products
- Neuropsychiatry and Biological Psychiatry
- Personality Disorders
- Progress in Psychiatry Series
- Psychiatric Hospitalization
- Psychoses
- Psychotherapies and Psychoanalysis
- Religion
- Sexuality
- Somatic Therapies
- Substance Use Disorders
- Textbooks and References
- Titles for the General Public
- Trauma, Violence, Dissociative Disorders, and Posttraumatic Stress Disorder

American Psychological Association (APA)

APA is an excellent source of publications detailing the latest research findings, trends and issues on prevention and clinical interventions of different types of mental health and psychological problems about children, adolescents, families, etc. One of their catalogs *Psychology in the Schools* features the latest books on behavior therapy, violence, understanding aggression, and coercive actions, attention-deficit/hyperactivity disorder, etc. APA's Practice Directorate division also publishes fact sheets which provide answers to common questions about mental health. Some of these fact sheets can be downloaded through their website.

Contact:
750 First Street, NE
Washington, DC 20002-4242
Ph: (202)336-5500;
(202)336-5800
Website: http://www.apa.org/

Book Order Department
P.O. Box 2710
Hyattsville, MD 20784-0710
Ph: (800)374-2721
Fax: (202)336-5502
Website: http://www.apa.org/

Some of their publications include:

- *Just the Facts*
  - Anxiety Disorders: The Role of Therapy in Effective Treatment
  - How Therapy Helps People Recover from Depression
  - How to Find Help Through Therapy
  - Managing Traumatic Stress
  - APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

- ***Brochures***

  The Public Affairs Office of the American Psychological Association has prepared several brochures to provide information on mental health and psychological issues that face us all. They're collected into topical groups of work, family and the mind-body connection. You'll also find a list here of state and provincial psychological associations, many of which offer referrals for mental health services, as well as a link to association ethics documents.

  - Work
    - Sexual Harassment: Myths and Realities
  - Family
    - Questions and Answers about Memories of Childhood Abuse
    - Raising Children to Resist Violence: What You Can Do
    - Violence on Television: What Do Children Learn? What Can Parents Do?
    - What Makes Kids Care? Teaching Gentleness in a Violent World
    - Answers to Questions About Sexual Orientation and Homosexuality
  - Mind & Body
    - Finding Help: How to Choose a Psychologist
    - Controlling Anger Before It Controls You
    - What You Should Know About Women and Depression
    - Answers to Questions About Panic Disorder
  - Additional information
    - Information on State and Provincial Psychological Associations
    - APA Ethics Information

- ***Information and Resources for Practicing Psychologists***

  - Practice Pointers from Practitioner Update
  - ICD-9-CM Coding Changes for Selected Mental Disorders Effective Jan. 1, 1977
  - Medicare Requires Use of New "G" Codes for Individual Psychotherapy Beginning January 1, 1997
  - Criteria for Reviewing an Organized Delivery System
  - CPT 1996 to Contain New Section with Assessment Codes
  - Evaluating Your Insurance Claims Procedures
  - What to Look for in Your State Utilization Review Law
  - How to Handle "No Cause" Terminations from Managed Care Panels
  - The Basics of Medicare Audits
  - Diversifying Your Sources of Practice Income
  - Practice Pointer: Using Business Consultants to Your Advantage
  - How to Handle Exclusion from an MCO Panel
  - What to Include in a Managed Care Proposal
  - Insuring Your Office Practice
  - Case Studies Illustrate Cost Savings Resulting From Appropriate Mental Health I Intervention
  - Mental Health Benefit Is Cost Effective
  - The Costs of Failing to Provide Appropriate Mental Health Care
  - The Economics and Effectiveness of Inpatient and Outpatient Mental Health Treatment
  - Information on Licensure
  - Medical Cost Offset
  - The Efficacy of Psychotherapy
  - Information on State and Provincial Psychological Associations
  - APA Practice Directorate Advocacy Information
  - Children's Mental Health Needs: Reform of the Current System
  - Department of Defense Psychopharmacology Demonstration Project: Training Military Psychologists to Prescribe
  - Psychologists in the Health Care System: High Quality, Affordable Mental Health Care
  - Psychological Services: Essential to America's Health
  - Rural Health in America
  - Links to legislative and policy sites on the Internet

- ***APA Public Interest Programs***

  APA's Public Interest Directorate encourages the generation and application of psychological knowledge on issues important to human well being. The major objectives of the Public Interest Directorate are to promote those aspects of psychology that involve solutions to the fundamental problems of human justice and equitable and just treatment of all segments of society; to encourage the utilization and dissemination of psychological knowledge to advance equal opportunity and to foster empowerment of those who do not share equitably in society's resources; to increase scientific understanding and training in regard to those aspects that pertain to, but are not limited to, culture, class, race/ethnicity, gender, sexual orientation, age, and discrimination; and to support improving educational training opportunities for all persons.

  - Psychology and Racism Miniconvention in 1997
  - Lesbian and Gay Parenting
  - The Americans With Disabilities Act and How It Affects Psychologists
  - A Guide for Including Information on Child Abuse and Neglect in the Undergraduate Curriculum
  - A Guide for Including Information on Child Abuse and Neglect in Graduate and Professional Education and Training
  - Amicus Brief: Bottoms v. Bottoms

- Amicus Brief: Colorado v. Evans
- Amicus Brief: Campbell v. Sundquist
- Communities Seek Local Behavioral Science Partners for HIV Prevention
- Community Planning
- When You Need Child Day Care
- APA Office on AIDS
- Policy Statements on Lesbian, Gay, and Bisexual Issues
- Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
- Raising Children to Resist Violence: What You Can Do
- Resources on Disability Issues
- Psychological Testing of Language Minority and Culturally Different Children
- Executive Summary of APA Presidential Task Force Report on Violence and the Family
- If Sex Enters Into The Therapy Relationship

- *Careers in Psychology*

  - Education Directorate Five Year Report
  - High School Teacher Affiliate Application
  - Student Affiliate Application
  - Continuing Education Independent Study Information
  - Audio Tape Information
  - APA Book Catalog
  - APA Journal Catalog
  - APA Membership Information
  - Graduate Study in Psychology order form
  - APA Accredited Graduate Programs in Psychology
  - APA Accredited Predoctoral Internships
  - Continuing Education Sponsor Approval Information
  - Financial Aid
  - Respecialization
  - Licensure
  - APA Policies on Schools and Education
  - APA References for Psychologists in Schools and Education
  - Reforming America's Schools: Psychology's Role
  - School Health: Psychology's Role
  - Comprehensive and Coordinated Services for Children
  - Leaders in Schools Psychology Directory
  - Guide for School Psychologists
  - Center for Psychology in Schools and Education Publications Order Form

Appalachia Educational Laboratory, Inc. (AEL)

AEL is a nonprofit, regionally oriented educational research and development institution. The work of the Laboratory is made up of educators and others concerned about education in the four states served: Kentucky, Tennessee, Virginia, and West Virginia. The organization's mission is to link the knowledge from research with the wisdom from practice to improve teaching and learning. AEL works closely with schools, school districts, and states to develop, test, and refine practical products and processes that address needs expressed by local educators.

AEL publishes a variety of products on education topics that provide R&D-based information to educators, policy makers, parents, community members, and others. The products result from the work of the Regional Educational Laboratory, the Eisenhower Regional Consortium for Mathematics and Science Education, and the ERIC Clearinghouse on Rural Education and Small Schools. You can find a complete listing of their publications (including descriptions) in their catalog or through their website. Full-text versions of some products are available online, and may be downloaded.

Contact: AEL Distribution Center,
P. O. Box 1348
Charleston, WV 25325-1348
Ph: 304/347-0400; 800/624-9120
Fax: 304/347-0487; e-mail: distctr@ael.org.
Website: http://www.ael.org/

Their publications catalog contains the following items:

- ***Periodicals***

- *Charmed Particles* (published by the Eisenhower Regional Consortium for Mathematics and Science Education)
  The newsletter of the Eisenhower Regional Math/Science Consortium at AEL contains articles about what's happening with national policy and standards related to math and science; what research says about methods, assessment, and curriculum; what's being talked about by legislators, researchers, state departments of education, and college based teacher educators; what questions are being asked about math/science education; and who is willing to pay for projects. Subscription is free.

- *The Link*, AEL's quarterly publication

- ***Other Materials***

American Indian/Alaskan Native Education

- American Indian/Alaska Native learning styles: Research and practice, K. Swisher (ERIC/CRESS Digest, Order No. EDO-RC-91-4, free)
- American Indians and Alaska Natives in higher education: Research on participation and graduation, D. M. Pavel (ERIC/CRESS Digest, Order No. EDO-RC-92-2, free)
- Assessment for American Indian and Alaska Native Learners, R. Bordeaux (ERIC/CRESS Digest, Order No. EDO-RC-95-6, free)
- Blueprints for Indian education: Languages and cultures, William Demmert (ERIC/CRESS Digest, Order No. EDO-RC-94-3, free)
- Blueprints for Indian education: Improving mainstream schooling, Robin A. Butterfield (ERIC/CRESS Digest, Order No. EDO-RC-94-2, free)
- Blueprints for Indian education: Research and development needs for the 1990s, P. Cahape (ERIC/CRESS Digest, Order No. EDO-RC-93-02, free)
- Comprehensive Planning: Guidance for Educators of American Indian Students, ORBIS Associates (ERIC/CRESS Digest, Order No. EDO-RC-96-3, free)
- Countering Prejudice Against American Indians and Alaska Natives Through Antibias Curriculum and Instruction, Deirdre A. Almeida (ERIC/CRESS Digest, Order No. EDO-RC-96-4, free)

- Drop-Out Rates Among American Indian and Alaska Native Students: Beyond Cultural Discontinuity, R. St. Germaine (ERIC/CRESS Digest, Order Number EDO-RC-96-1, free)
- Fighting alcohol and substance abuse among American Indian and Alaska Native youth, N. Gale (ERIC/CRESS Digest, Order No. EDO-RC-91-8, free)
- Native education directory: Organizations and resources for educators of Native People of the United States and territories, ERIC/CRESS and Native Education Initiative of the Regional Educational Laboratories ($6, 65 pp.)
- The current condition of Native Americans, H. Hodgkinson (ERIC/CRESS Digest, Order No. EDO-RC-92-7, free)
- The emerging role of tribal college libraries in Indian education, D. M. Pavel (ERIC/CRESS Digest, Order No. EDO-RC-92-4, free)
- Using literature by American Indians and Alaskan Natives in secondary schools, A. Grant and L. Gillespie (Order No. EDO-RC-92-6, free)

Curriculum, Introduction, Assessment
- ADHD-Building academic success, Soleil Gregg ($2, 10 pp.)
- ADHD: New legal responsibilities for schools, Soleil Gregg ($2, 8 pp.)
- Alternative assessment: Can real-world skills be tested? Karen Simon and Soleil Gregg ($2, 8 pp.)
- Changing schools through experiential education, P. W. Stevens and A. Richards (ERIC/CRESS Digest, Order No. EDO-RC-91-13, free)
- Community service/service learning: An implementer's guide and resource manual, ($14, 187 pp.)
- Conversations about authentic assessment ($10, 90 min.)
- Developmental teaching: A cognitive approach to improving student achievement, Edwina Pendarvis and Aimee Howley, ($4.50, 37 pp.)
- Dissolving the boundaries: Planning for curriculum integration in middle and secondary schools, Becky Burns ($24.95, Book with 78-pp. Facilitator's Guide; $10 for additional copies of book, 83 pp.)
- EdTalk: Plugging in: Choosing and using educational technology, B. F. Jones, G. Valdez, J. Nowakowski, C. Rasmussen ($5, 46 pp.)
- EdTalk: Surveying the landscape of state educational assessment programs, L. Bond, with L. Friedman and A. van der Ploeg ($5, 52 pp.)
- EdTalk: What We Know About Reading Teaching and Learning, Council for Educational Development and Research ($5, 70 pp)
- Improving evaluation in experiential education, B. Hendricks (ERIC/CRESS Digest, Order No. EDO-RC-94-8, free)
- Inclusion of special needs students: Lessons from experience, ($9, 94 pp.)
- Interdisciplinary teamed instruction, a strategy for curriculum integration that includes several capacity-building tools
- Interdisciplinary units with alternative assessments: A teacher-developed compendium, Virginia Education Association-AEL ($12, 141 pp.)
- Making connections: Four educational perspectives, Maryrita G. Miller, editor ($7, 76 pp.)
- Making Connections II: Four educational perspectives, Kimberly Hambrick, editor ($4.50, 35 pp.)
- Teacher perceptions of and strategies for inclusion: A regional summary of focus group interview findings, ($15, 240 pp.)
- Teaching combined grade classes: Real problems and promising practices, Virginia Education Association-AEL ($5, 58 pp.)
- Tips for teaching marginal learners ($4, 16 pp.)
- Understanding and identifying children with ADHD: First steps to effective intervention, Soleil Gregg ($2, 8 pp.)
- Ungraded classrooms: Fail-safe schools? ($2, 4 pp.)
- Ungraded primary programs: Steps toward developmentally appropriate instruction, Kentucky Education Association-AEL ($7, 50 pp.)
- Voices from the field: Secondary school inclusion in the AEL Region, ($10, 45 min.)

Mathematics/Science Education
- Alternative assessments in math and science: Moving toward a moving target, Virginia Education Association-AEL ($9, 80 pp.)
- EdTalk: What we know about mathematics teaching and learning, Nancy Kober ($5, 69 pp.)
- EdTalk: What we know about science teaching and learning, Nancy Kober ($5, 95 pp.)
- Experiential learning of mathematics: Using manipulatives, R. Hartshorn and S. Boren (ERIC/CRESS Digest, Order No. EDO-RC-90-5, free)

BEST COPY AVAILABLE

- Improving science and mathematics education: A summary of analyzed state curriculum frameworks ($8, 117 pp.)
- Improving science and mathematics education: A database and catalog of alternative assessments, 2nd edition, Regional Educational Laboratories and National Research Centers ($12.95, IBM or Macintosh)
- Increasing student access to mathematics and science: A guide for classroom equity projects ($5, 44 pp.)
- Promising practices in mathematics and science education; Mathematics, science, and technology education: Programs that work ($7.50, 302 pp.)
- Scope it out: Standards-based microscope lessons for the middle school, ($5, 62 pp.)

Mexican American Education
- Doing our homework: How schools can engage Hispanic communities, Andrea B. Bermudez ($12, 92 pp.)
- EdTalk: Schools along the border: Education in the age of NAFTA ($5, 36 pp.)
- Facilitating postsecondary outcomes for Mexican Americans, Judith LeBlanc Flores (ERIC/CRESS Digest, Order No. EDO-RC-94-4, free)
- Forging Partnerships Between Mexican American Parents and the Schools, N. Chavkin and D. Gonzalez (ERIC/CRESS Digest, EDO-RC-95-8, free)
- Hispanics in higher education: Trends in participation, J. Chahin (ERIC/CRESS Digest, Order No. EDO-RC-93-05, free)
- Integrating Mexican-American history and culture into the social studies classroom, K. Escamilla (ERIC/CRESS Digest, Order No. EDO-RC-92-5 free)
- Mexican American Women: Schooling, Work, and Family, F. Ortiz (ERIC/CRESS Digest, EDO-RC-95-9, free)
- Mexican immigrants in high schools: Meeting their needs, H. Romo (ERIC/CRESS Digest, Order No. EDO-RC-92-08, free)
- Thorough and fair: Creating routes to success for Mexican-American students, Alicia Sosa ($10, 50 pp.)
- Use of the Spanish language in the United States: Trends, challenges, and opportunities, S. Santiestevan (ERIC/CRESS Digest, Order No. EDO-RC-91-2, free)

Migrant Education
- Children of la frontera: Binational efforts to serve Mexican migrant and immigrant students, ($18, 352 pp.)
- Family lives and parental involvement in migrant students' education, N. F. Chavkin (ERIC/CRESS Digest, Order No. EDO-RC-91-3, free)
- Health problems among migrant farm workers' children in the U.S., G. Huang (ERIC/CRESS Digest, Order No. EDO-RC-93-01, free)
- Instructional Strategies for Migrant Students, V. Menchaca and J. Ruiz-Escalante (ERIC/CRESS Digest, Order No. EDO-RC-95-10, free)
- Literacy education for adult migrant farm workers, K. J. Bartlett and F. O. Vargas (ERIC/CRESS Digest, Order No. EDO-LE-91-05, free)
- Migrant farm workers and their children, P. Martin (ERIC/CRESS Digest, Order No. EDO-RC-94-7, free)
- Migrant students who leave school early: Strategies for retrieval, A. Salerno (ERIC/CRESS Digest, Order No. EDO-RC-91-7, free)
- Reauthorized migrant education program: Old themes and new, A. Wright (ERIC/CRESS Digest, Order No. EDO-RC-95-1, free)

Outdoor Education
- Just beyond the classroom: Community adventures for interdisciplinary learning, Clifford E. Knapp ($12, 108 pp.)
- Lasting lessons: A teacher's guide to reflecting on experience, Clifford E. Knapp ($10, 118pp.)
- Outdoor education directory: Organizations involved in outdoor experiential education (ERIC/CRESS Digest, free)
- Outdoor Education and Troubled Youth, D. Berman and J. Davis-Berman (ERIC/CRESS Digest, Order No. EDO-RC-95-5, free)
- Recommended Competencies for Outdoor Educators, M. Richardson and D. Simmons (ERIC/CRESS Digest, Order Number EDO-RC-96-2, free)
- Thinking in outdoor inquiry, C. E. Knapp (ERIC/CRESS Digest, Order No. EDO-RC-92-3, free)

Parent Involvement/Early Childhood

- A parent's guide to the ERIC database: Where to turn with your questions about schooling, revised edition, Craig Howley, Phyllis Stowers, Pat Cahape ($5, 81 pp.)
- Bridges to strength: Establishing a mentoring program for beginning teachers, Tennessee Education Association-AEL (Guide, $4, 26 pp.; Handbook, $4, 22 pp.; Resource Book, $4.50, 68 pp.)
- Brief articles for parents, (Free)
- Continuity in early childhood: A framework for home, school, and community linkages ($15)
- Conversations with the best and the brightest: Leading the way to excellence, Virginia Center for Educational Leadership-AEL ($50, 2 videotapes, 180 min.)
- Early childhood transitions: Preparing children and families for change ($5, 32 pp.)
- EdTalk: Checking up on early childhood care and education, Ellen Kotlus ($5, 38 pp.)
- Facilitating systemic change in science and mathematics education: A toolkit for professional developers ($45, 578 pp.)
- Family Connections, Vol. 1 for preschool, Vol. 2 for kindergarten/early primary (Call AEL for pricing information and a free sample)
- HOPE Revisited: Preschool to graduation, reflections on parenting and school-family relations, Edward E. Gotts ($3.50, 16 pp.)
- Improving science and mathematics education-A toolkit for professional developers: Alternative assessment ($38.85, 435 pp.)
- Parent education notebook, Tennessee Education Association-AEL ($11, 118 pp.)
- Parental involvement: Asking the real questions, Betty James ($4, 28 pp.)
- Parents and schools: From visitors to partners, Rebecca Burns, editor ($11.95, 103 pp.)
- Partnerships: Sharing responsibility for children, Soleil Gregg ($2, 12 pp.)
- Rationale: Why parent involvement? (Manual, $10, 114 pp.; Video, $17, 80 min.)

Professional Development

- Linking the disciplines: A holistic approach to curriculum design, Rebecca Burns ($50, 475 pp.)
- Marginal learners: Identification, prevention, and intervention ($50, 362 pp.)
- On target with authentic assessment: Creating and implementing classroom models, ($50, 650 pp.)
- QUILT, a yearlong, school wide professional development program designed to improve teachers' classroom questioning techniques
- Systemic reform in mathematics and science: A workshop for schools and communities, Eisenhower Math/Science Consortium at AEL ($100, without training)

Rural Education and Small Schools

- 1997 Native Education Directory: Organizations and Resources, ERIC Clearinghouse on Rural Education and Small Schools ($12; 108 pp.; soft cover; ISBN 1-880785-17-X)
- A case study of the impact of a state-level policy designed to improve rural schools in the state of Vermont, Robert V. Carlson ($7, 46 pp.)
- A framework for evaluating state policy options for the reorganization of rural, small school districts, E. Robert Stephens ($15, 94 pp.)
- Adult literacy programs in rural areas, S. Ferrell (ERIC/CRESS Digest, Order No. EDO-RC-90-7, free)
- Capital outlay: A critical concern in rural education, J. Hunter and C. Howley (ERIC/CRESS Digest, Order No. EDO-RC-90-1, free)
- Charting new maps: Multicultural education in rural schools, J. Penney Oliver and C. Howley (ERIC/CRESS Digest, Order No. EDO-RC-92-1, free)
- Cultivating resilience: An overview for rural educators and parents, Mary Finley (ERIC/CRESS Digest, Order No. EDO-RC-94-5, free)
- Curriculum Adequacy and Quality in High Schools Enrolling Fewer Than 400 Pupils (-12), Christopher Roellke (ERIC/CRESS Digest, Order No. EDO-RC-96-7, free)
- Developing supplemental funding: Initiatives for rural and small schools, R. Carlson (ERIC/CRESS Digest, Order No. EDO-RC-93-4, free)
- EdTalk: Rural schools on the road to reform, Anne C. Lewis ($5, 63 pp.)
- Efficient financial management in rural schools: Common problems and solutions from the field, D. Inman-Frietas (ERIC/CRESS Digest, Order No. EDO-RC-91-9, free)
- Funding rural, small schools: Strategies at the statehouse, D. Verstegen (ERIC/CRESS Digest, Order No. EDO-RC-91-10, free)

- In our own words: Community story traditions to prevent and heal substance abuse, Michael Tierney ($5, 65 pp.)
- Integrated services: A summary for rural educators, M.N. Lutfiyya (ERIC/CRESS Digest, Order No. EDO-RC-92-09, free)
- Local schools of thought: A search for purpose in rural education ($12, 108 pp.)
- Managing smallness: Promising fiscal practices for rural school district administrators, Deborah Inman Freitas ($5, 74 pp.)
- Middle Level Education in Rural America, J. Wiles (ERIC/CRESS Digest, EDO-RC-95-7, free)
- National Data for Studying Rural Education: Elementary and Secondary Education Applications, G. Huang (ERIC/CRESS Digest, Order No. EDO-RC-95-2, free)
- Priorities for research and development with rural, small schools: Results of a modified Delphi study with a panel of rural researchers, Kimberly Hambrick, John R. Sanders, Phyllis Stowers, John Williams ($7, 31 pp.)
- Recent trends in rural poverty: A summary for educators, G. Huang and C. Howley (ERIC/CRESS Digest, Order No. EDO-RC-91-1, free)
- Rural education directory: Organizations and resources ($6, 65 pp.)
- Rural education directory: Organizations and resources, ERIC/CRESS and National Rural Education Association ($12, 49 pp.)
- Rural philosophy for education: Wendell Berry's tradition, P. Theobald (ERIC/CRESS Digest, Order No. EDO-RC-91-12, free)
- Rural School Consolidation and Student Learning, J. Fanning (ERIC/CRESS Digest, Order No. EDO-RC-95-4, free)
- Small scale and school culture: The experience of private schools, G. E. Conway (ERIC/CRESS Digest, Order No. EDO-RC-94-6, free)
- Sustainable Small Schools: A Handbook for Rural Communities, John Eckman (Soft cover; ISBN 1-880785-16-1; $19; 150 pp.)
- Teaching and learning in the multigrade classroom: Student performance and instructional routines, B. Miller (ERIC/CRESS Digest, Order No. EDO-RC-91-6, free)
- The academic effectiveness of small-scale schooling (An update, Craig B. Howley (ERIC CRESS Digest, Order No. 94-1, free)
- The changing context of education in a rural setting, E. Robert Stephens ($10, 89 pp.)
- The distance education handbook: An administrator's guide for rural and remote schools, Bruce Barker ($5, 65 pp.)
- The Role of Rural Schools in Rural Community Development, B. Miller (ERIC/CRESS Digest, Order No. EDO-RC-95-3, free)
- Toward the construction of a federal policy-impact code for classifying the nation's rural school districts, E. Robert Stephens ($8, 6 pp.)
- What can I become? Educational aspirations of students in rural America, T. Haas (ERIC/CRESS Digest, Order No. EDO-RC-91-11, free)

School Reform/Restructuring

- Conversations about restructuring secondary schools ($10, 90 min.)
- Conversations about year-round education ($10, 60 min.)
- Finding time for school reform: Obstacles and answers, Kentucky Education Association-AEL ($6, 60 pp.)
- Initial reactions to the Kentucky Education Reform Act ($5.50, 20 pp.)
- Middle schools in the making: A lesson in restructuring, Virginia Education Association-AEL ($4.50, 33 pp.)
- Nonlinear evolution of school-based decision making in Kentucky ($5, 31 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 2, No. 1: KERA finance measures ($2, 8 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 2, No. 2: KERA through the eyes of teachers ($2, 8 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 3, No. 2: School-based decision making after two years ($2, 8 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 1, No. 1: An overview of KERA implementation in four districts ($2, 8 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 3, No. 1: Kentucky's primary program ($2, 8 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 1, No. 3: Family resource/youth services centers ($2, 12 pp.)

- Notes from the field: Education reform in rural Kentucky, Vol. 4, No. 1: Instruction and assessment in accountable and nonaccountable grades ($2, 12 pp.)
- Notes from the field: Education reform in rural Kentucky, Vol. 1, No. 2: School-based decision making ($2, 13 pp.)
- Notes from the field: Five years of education reform in rural Kentucky, Vol. 5, No. 1 ($2, 8 pp.)
- Preventing Antisocial Behavior in Disabled and At-Risk Students, Soleil Gregg ($2, 12 pp.)
- Promoting safe schools: Information search package ($15; 178 pp.)
- Restructuring America's schools, Joseph Murphy ($4.50, 28 pp.)
- School completion 2000: Dropout rates and their implications for meeting the national goal, C. Howley and G. Huang (ERIC/CRESS Digest, Order No. EDO-RC-91-5, free)
- Schools as community social-service centers: West Virginia programs and possibilities, West Virginia Education Association-AEL ($6, 47 pp.)
- Surviving the worst, expecting the best: Teacher perceptions of work life in Virginia schools, Virginia Education Association-AEL ($5.50, 58 pp.)
- Systemic reform: Monitoring its progress ($2, 6 pp.)
- The professionalization of teaching: Centerpiece of Kentucky reform, Mary Leighton and Gary Sykes ($5, 49 pp.)

State and Social Governance

- Affective and Social Benefits of Small-Scale Schooling, Kathleen Cotton (ERIC/CRESS Digest, Order No. EDO-RC-96-5, free)
- Are our schools safe? Patricia Ceperley and Karen Simon ($2, 4 pp.)
- Block Scheduling: Information Search Package ($15, 142 pp.)
- Kentucky creates schools for kids ($2, 4 pp.)
- Local control of schools: Is local governance a viable option? Charles Faber ($5, 49 pp.)
- Local school improvement council assistance kit ($25, handbook, 66 pp; Facilitator's Manual, 58 pp.; Video, 75 min.)
- Ongoing Dilemmas of School Size: A Short Story, Craig Howley (ERIC/CRESS Digest, Order No. EDO-RC-96-6, free)
- Recapturing the policymaking function of state boards of education, Gary Badarak ($4.50, 31 pp.)
- Reducing school violence: Schools teaching peace, Tennessee Education Association-AEL ($5, 48 pp.)
- Review of public school finance in the Appalachia Educational Laboratory states, Kern Alexander ($4.50, 29 pp.)
- School advisory councils: How to get everyone on board (Manual, $9.50, 95 pp.; Video, $17, 80 min.)
- School-based decision making: The challenge of change ($2, 4 pp.)
- TEA-AEL site-based decision making resource packet #4: Decision making, consensus building, and managing change, Tennessee Education Association-AEL ($16, 146 pp.)
- TEA-AEL site-based decision making resource packets, Tennessee Education Association-AEL ($72, 744 pp.)
- TEA-AEL site-based decision making resource packet #3: Communication, Tennessee Education Association-AEL ($15, 120 pp.)
- TEA-AEL site-based decision making resource packet #5: Gaining support for site-based decision making, Tennessee Education Association-AEL ($15, 126 pp.)
- TEA-AEL site-based decision making resource packet #2: Visioning and mission setting, Tennessee Education Association-AEL ($18, 166 pp.)
- The public school superintendency: A comprehensive profile ($7, 60 pp.)
- The state of state education accountability ($2, 12 pp.)
- WVEA-AEL site-based decision making casebook, West Virginia Education Association-AEL ($5.50, 37 pp.)
- TEA-AEL site-based decision making resource packet #1: What is site-based decision making? Tennessee Education Association-AEL ($18, 170 pp.)

Arizona Drug and Gang Prevention Resource Center (APRC)

APRC's Clearinghouse is Arizona's central source for broad-based prevention information and materials. Topics include alcohol and other drugs, gang prevention, tobacco, child nutrition, violence, suicide, HIV/AIDS, stress, and specialized target and high risk populations to name a few. As part of a national resource system, APRC is well-prepared to respond to current and future community information needs and can design accurate, timely, and personalized materials as requested.

Contact: 641 E. Van Buren Street B2
Phoenix, AZ 85004-2208
Ph: 800-432-2772; 602/727-5015
Fax: 602/727-5400

Their Clearinghouse Services include:

- Videotape viewing and checkout
- Bulk literature services of resource lists, print materials, pamphlets, posters which are free or low cost
- Books, videos and resource materials for loan
- Curricula viewing corner
- Fact sheets, demographic information, and research results available
- Model program descriptions
- Research and consultation services on a wide variety of prevention issues
- Access to Internet and computer database for information on research requests
- Develop customized information packages for home, school, work and other settings
- Coordinate referrals to other local and national resources
- Develop publications to keep up-to-date information
- Full information services on topics such as gang prevention, alcohol and other drug abuse, child abuse, school dropout prevention, nutrition, HIV/AIDS, program evaluation, model program descriptions, teen pregnancy, suicide prevention, culturally appropriate materials and much more.

The list of APRC's bulk literature materials is as follows:

- Annual Program Inventory Of Substance Abuse, Prevention, Education And Treatment Programs: Executive Summary (1995).
  This report provides summary of 1994 state level findings from annual inventory of Arizona's substance abuse prevention and treatment programs. Summary data is analyzed by expenditure, age group target population, prevention treatment service areas and funding sources, 5 pp.

- Annual Program Inventory: State And Agency Analysis (1995)
  This book presents 1994 expenditure, impact and reporting data for the state and for each agency participating in the survey of publicly funded drug prevention, education and treatment programs. Data is analyzed by funding source, age group of target population and by type of prevention and/or treatment services provided.

- The Facts About Drugs And Alcohol In Spanish
  This booklet contains facts about drugs and alcohol. Includes facts about Marijuana, Cocaine, Stimulants, Narcotics and Designer Drugs.

- **Drugs and Their Effects**

- Tips For Teens Series: Tips For Teens on Alcohol (brochure)
  Information is provided on Long-term and short-term effects, physical and psychological risks and legal implications of alcohol use. Alist of resources is also provided.

- Tips For Teens On Crack/Cocaine (brochure)
  Information is provided on Long-term and short-term effects, physical and psychological risks and legal implications of crack/cocaine use. A list of resources is also provided.

- Tips For Teens On Hallucinogen (brochure)
  An informational brochure describing signs and symptoms of usage of hallucinogens and legal implications. Also provides a list of resources.

- Tips For Teens On Inhalants (brochure)
  A colorful brochure describing types of inhalants and their signs and effects of use. Also provides a list of resources.

- Drugs Don't Work (sticker)

- Tips For Teens Series: Tips For Teens on Marijuana (brochure)
  A colorful brochure describing quick facts on long and short term effects, physical and psychological risks and legal implications of the use of marijuana. Also provides a list of resources.

- Frequently Asked Questions About The Prevention Of Alcohol, Tobacco and Other Drugs (pamphlet)
  Answers 14 of the most common prevention questions. Defines prevention and tells why prevention is important and needs to be included in health care reform. Other topics include the impact of prevention on the economy, how prevention works, and an overview of CSAP's role.

- Prevention Primer (1994) A booklet of Alcohol, Tobacco, and Other Drug Prevention Terms.
  Frequently used/discussed concepts of prevention are presented alphabetically with a concise description for each topic.

- Typical Alcoholic American, 1992 (poster)
  This poster challenges the stereotype of the alcoholic by conveying the message that alcoholism is common to all racial and ethnic populations, ages, genders, and occupations.

- If You Drink Too Much Beer....You Drink Too Much (poster)
  Shows 6 empty beer mugs. Gives the 1-800 NCADI number for more information.

- I Dile Que NO !/! Piensalo !/ Say NO! Stay Smart!, 1994 (booklet)
  Gives preteens and young adolescents a variety of activities, tips, posters, games, and advice to help them say "no" to alcohol and other drugs.

- "Stay Smart, Don't Start", 1994 (poster)
  Features Dawn Lewis co-star of "A Different World" sends the message of "Stay smart, don't start using alcohol or other drugs, give your dreams a chance to grow.

- "Stay Smart, Don't Start", 1991 (poster)
  Features Edward Olmos with the "I Dile Que No!" "I Piensalo! No Al Alcohol y a Las Otras Drogas (Stay Smart, Don't Start! Just say "no" to alcohol and other drugs)

- "Stay Smart, Don't Start" (poster)
  Features East Morales with the message: "I Dile Que No! "I Piensalo! No Al Alcohol y a Las Otras Drogas (Stay Smart, Don't start! Just Say "No" to alcohol and other drugs)

- "Stay Smart, Don't Start" (poster)
  Features Rosanna Desoto with the message: "I Dile Que No!" "I Piensalo! No Al Alcohol y a Las Otras Drogas (Stay Smart, Don't Start! Just say "no" to alcohol and other drugs)

- "I Said Doing Drugs Was My Right Until Some Kids Proved Me Dead Wrong" (brochure)
  Color photos of youth discussing common "dumb" excuses that they use as a reason to do drugs. Offers explanation of why the excuse is not adequate.

- Elks Coloring Book (coloring book)
  Elementary School Drawings about how drugs can harm you and your family

- Say No To Crack: McGruff, 1989 (poster)
  Features McGruff the crime dog. Tells kids that crack is a poison and a very dangerous drug, warns them to say "NO" and walk away. Poster also provides NIDA hot line number and a cocaine hot-line number.

- Teenage Drinking: Detour On The Road To Maturity, 1994 (brochure)
  This brochure provides the historical and legal perspectives as well as the changing patterns of drinking and adolescents. Details specific risk factors and social implications of teen drinking. Includes statistics on teen drinking and driving and implications on suicide and homicide.

- If You Change Your Mind, 1994 (student magazine)
  This full-color magazine is written for young people and provides fun activities. The teacher's placket contains a teacher's guide and 50 magazines. The video "If You Change Your Mind" is also available for check out.

- **Alcohol Alert Series**: The following are reproducible short fact sheets describing effects and problems associated with alcohol use and abuse:

- Alcohol Alert #1
  Methadone Maintenance and Patients in Alcoholism Treatment (1988). Describes the treatment of alcoholism of alcoholism in methadone dependent patients.

- Alcohol Alert #2
  Alcohol and Aging (1989). Discusses the problems of alcohol abuse in the elderly.

- Alcohol Alert #3
  Alcohol and Trauma (1989). Describes the involvement of alcohol in a majority of trauma cases.

- Alcohol Alert #4
  Alcohol and Cognition (1989) Describes alcohol abuse as it relates to memory, reasoning, and cognition.

- Alcohol Alert #5
  Alcohol Withdrawal Syndrome (1989). Describes the symptoms observed in persons who stop drinking alcohol following continuous and heavy consumption.

- Alcohol Alert #6
  Relapse and Craving (1989). Describes relapse as a central issue in alcoholism treatment.

- Alcohol alert #7
  Alcohol Use and Abuse: Where Do the Numbers Come From? (1990). Describes the epidemiology of alcohol use and abuse research.

- Alcohol Alert #8
  Screening self-report questionnaire and clinical laboratory testing as screening methods.

- Alcohol Alert #9
  Children of Alcoholics: Are they Different? (1990). Discusses the issues and risk factors associated with children of alcoholics.

- Alcohol Alert #10
  Alcohol and Women (1990). Discusses alcohol use and abuse in the female population.

- Alcohol Alert #11
  Estimating the Economic Cost of Alcohol Abuse (1990). Discusses the various problems of estimating the cost of alcohol abuse and associated factors.

- Alcohol Alert #12
  Assessing Alcoholism: Describes techniques to determine personal characteristics that can influence alcohol treatment.

- Alcohol Alert #13
  Fetal Alcohol Syndrome (1991). Describes criteria for defining fetal alcohol syndrome and it's debilitating effects.

- Alcohol Alert #14
  Alcoholism and Co-occurring disorders (1991). Discusses the relationship of alcoholism to simultaneous medical disorders.

- Alcohol Alert #16
  Moderate Drinking (1992). Defines and explores factors and risks associated with moderate drinking.

- Alcohol Alert #17
  Treatment Outcome Research (1992). Discusses the methodology and limitations in treatment outcome research.

- Alcohol Alert #18
  The Genetics of Alcoholism (1992). Explores the tendency of alcoholism to run in families.

- Alcohol Alert #19
  Alcohol and the Liver (1993). Discusses chronic excessive alcohol use and liver disease.

- Alcohol Alert #20
  Alcohol Research and Public Health Policy (1993). Describes the important role alcohol research plays in policy development.

- Alcohol Alert #21
  Alcohol and Cancer (1993). Discusses the relationship between the use of alcohol and several types of cancers.

- Alcohol Alert #22
  Alcohol and Nutrition (1993). Discusses how alcohol interferes with the nutritional process by affecting digestion, storage, use and excretion of nutrients.

- Alcohol Alert #23
  Alcohol and Minorities (1994). Examines genetic and environmental factors that may put minorities at risk for or protect them from alcohol problems.

- Alcohol Alert #24
  Animal Models in Alcohol Research (1994). Reviews results of studies that use animals to advance our knowledge of vulnerability to alcoholism and alcohol's effects on brain chemistry.

- Alcohol Alert #25
  Alcohol Related Impairment (1994). Examines the effects of acute alcohol impairment on complex mental and motor functions.

- Alcohol Alert #26
  Alcohol and Hormones (1994). Describes how, by interfering with hormone actions, alcohol can alter metabolism.

- Alcohol Alert #27
  Alcohol Medication Interactions (1995). Describes how many medications can interact with alcohol, leading to increased illness, injury, or death.

- Alcohol Alert #28
  Alcohol and Tolerance (1995). Describes how tolerance to alcohol occurs and how it can affect alcohol consumption.

- Alcohol Alert #29
  College Students and Drinking (1995). Reviews drinking -- especially binge drinking and its consequences -- among college students and compares it to that of noncollege peers. It also considers some colleges' attempts to prevent and treat abusive drinking on campus.

- Alcohol Alert #30
  Diagnostic Criteria for Alcohol Abuse and Dependence (1995). Describes how the diagnosis of alcoholism has developed over time.

- **NIDA Capsules:** A Series of reproducible fact sheets on drugs.

- About The National Institute On Drug Abuse
- Anabolic Steroids
- Cocaine Abuse
- Cocaine: The Big Lie 1986-1988
- Cocaine Freebase
- College Student Survey On Drug Trends
- Designer Drugs
- Drug Abuse And Pregnancy
- Drug Abuse Information And Treatment Referral Line
- Drug Abuse Treatment
- Drug Abuse Warning Network
- Facts About Teenagers And Drug Use
- Frequency Of Drug Mentions In Drug Related Medical Emergencies And Deaths In 1986
- Heroin
- High School Senior Drug Use Trends 1975-1993
- Highlights Of An Attitudes And Knowledge Survey About Illegal Drug Use
- Highlights Of National Adolescent School Health Survey: Drug And Alcohol Use
- Ibogaine
- Inhalant Abuse

- LSD (Lysergic Acid Diethylamide)
- Marijuana Update
- Mandatory Guidelines For Federal Drug Testing Programs
- Methamphetamine Abuse
- Monitoring The Future Survey-1992-Prevalence Of Various Drugs, For Full-Time College Students vs. Others
- Monitoring The Future Survey-Prevalence Of Various Drugs For 8th, 10th, And 12th Graders
- NIDA Technology Transfer Program
- NIDA'S Drug-Free Workplace Helpline
- Overcoming Barriers To Drug Abuse Treatment In The Community
- Overview Of The 1991 National Household Survey On Drug Abuse
- PCP (Phencyclidine)
- PCP Update On Abuse
- Population Estimates Of Lifetime And Current Drug Use, 1991
- Research On Drugs And The Workplace
- Resources To Address Drugs In The Workplace
- Substance Abuse Among Blacks In The U.S.
- Substance Abuse Among Hispanics
- Summary Of Findings From The 1991 National Household Survey On Drug Abuse
- Use And Consequences Of Cocaine
- Women And Drug Abuse
- Steroids mean Trouble (poster)
  Artistic drawing depicts a sports figure (Football Player) with The Message "Steroids Mean Trouble"
- Laws You Can Live With: Drive Sober And Always Buckle-Up (booklet)
  Indicates Arizona DUI Law and Facts, includes reasons to buckle-up.
- Chemical Dependency: Is There A Problem? (brochure), 1987
  This brochure is designed for the workplace to help recognize chemical dependency. Gives quiz, myths and facts, and includes resource referral services.
- Be Smart Don't Start: Parents Pointer Card
  10 easy steps to help prevent your child from using alcohol, tobacco and other drugs.
- The Challenge: Steroids: Playing with Trouble (magazine), 1987
  Geared toward teens; tells about the risks associated with using steroids. Discusses health risks, marketing messages, facts and turning ideas into actions. Also includes resources for assistance.

- **Marijuana Fact Sheets:** Female Adolescents And Marijuana Use - Fact Sheet for Adults

- Marijuana - 10 Things Every Teen Should Know

- Marijuana: Action Steps for Youth/Parents and Caregivers

- Marijuana: Facts Parents Need To Know (1995)
  This booklet provides parents facts about marijuana use and provides answers to frequently asked questions about discussing marijuana with your children.

- Marijuana: Facts For Teens (1995)
  This booklet provides facts about marijuana use and answers some of the most common questions young people ask about the effects of marijuana.

- Underage Drinking: The Straight Story About Alcohol (1993)
  This brochure describes the negative effects that alcohol can have and encourages refusal skills.

- Fetal Alcohol Syndrome (FAS) Committed To Caring For People
  This brochure discusses how to recognize FAS by showing a picture of a typical FAS child and pointing to facial features. Also discusses personality problems of FAS children.

- A Baby Brother Is Born To. (booklet) Bilingual (Eng/Spa) (1993)
  An American Indian Story about a pregnant woman and why she is not using alcohol during her pregnancy. Includes interactive story line and facts on fetal alcohol syndrome.

- What A Man Can Do For His Unborn Child
  This brochure discusses what men can do to support their wives during pregnancy by helping them to abstain from the use of alcohol and other drugs.

- Advice For Indian Women For A Safer Pregnancy And Healthy Baby
  This brochure, developed by Indian Health Service, gives advice to Indian women to follow during pregnancy in order to have a healthy and happy baby. Encourages no use of drugs during pregnancy.

- How To Take Care Of Your Baby Before Birth (1991)
  This low-literacy brochure aimed at pregnant women describes what they should and should not do during their pregnancy, emphasizing a no-use-AOD message.

- Pregnancy And Exposure To Alcohol And Other Drug Use, 1993 (book)
  This report for health care professionals provides information about preventing ATOD use in women of childbearing age. Examines strategies for prevention and early intervention for women during their pregnancy.

- Learning To Live Drug Free (1990)
  This K-12 curricula provides a drug prevention curricula model for drug education. May be used independently or integrated with other drug prevention efforts.

- Signs Of Effectiveness: Preventing Alcohol And Other Drug Problems , 1987 (book)
  A risk factor, resiliency based document to include individual-based factors, family-based factors, school-based factors, peer group-based factors, and community-based factors.

- Signs Of Effectiveness II: Preventing Alcohol, Tobacco, And Other Drug Use: A Risk Factor/Resiliency-Based Approach-book (1994)
  Provides descriptions of 45 High-risk Youth Demonstration Grant Programs. Also provided are specific curricula, researchers and program materials.

- Job Training And Employment Services For homeless persons with Alcohol And other Drug Problems (1992)
  Technical assistance book includes problem solving skills, recovery services, treatment and model programs. Future programs also listed.

- Growing Up Drug Free: A parent's Guide To Prevention (1993)
  This handbook outlines what children at four key stages of development should know about drugs and suggests family activities to reinforce children's motivation to avoid alcohol and other drugs.

- Parents Getting A Head-Start Against Drugs
  This publication is designed to increase awareness of alcohol and other drug use for Head-Start Staff, parents, teachers and children to initiate the steps toward prevention. Series as follows:
  *The teachers guide provides activities and lessons for Head Start staff to conduct with the children.

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*The parents activity book instructs parents on how to empower the family and build resistance against alcohol and other drug use.

* The parents trainers guide is designed to help Head Start Staff and educate and assist parents as well as the community in preventing alcohol and other drug use.

- Helping Your Child Say "NO"
  A parents guide (Bi-lingual) (1990). In English and Spanish, explains to parents how alcohol affects the body, how to tell if their child has been drinking, why children start to drink, and how to help children refuse alcohol.

- Turning Awareness Into Action: What You Community Can Do About Drug Use In America, 1992 (book)
  This book shows leaders at the grassroots level how to make the most of their talents and their community resources. Regardless of their role in the community, this book has the information needed to turn prevention awareness into community meaningful action.

- The Future By Design: A Community Framework For Preventing Alcohol And Other Drug Problems Through A Systems Approach (book).
  This book provides communities with a framework for getting involved in prevention. Guides communities with as framework for getting involved in prevention. Guides communities in creating effective systems to help reduce AOD risks.

- Prevention Plus 2: Tools For Creating And Sustaining Drug-Free Communities, 1989 (book).
  Provides a framework for organizing or expanding community alcohol and other drug use problems. Includes prevention activities in a coordinated comprehensive system. Appendices include glossary of terms, summaries of research models, and a list of national resources.

- Prevention Plus 3: Assessing Alcohol And Other Drug Prevention Programs At The School And Community Level (book).
  A Four-Step Guide to Useful Program Assessment. Provides new and tailored materials to meet the assessment needs to school and community personnel. Includes assessment concepts for program assessment evaluation.

- Renewing Traditions: An Alcohol Preventional Program For American Indian Youth (1995).
  This concept based curriculum can be easily adapted to fit the particular needs of the student/s in your class. Kit includes levels Pre to 4th grade structured around six main ideas with two or more topics related to each main idea. Boxed kit.

- Experiences With Community Action Projects: New Research In The Prevention Of Alcohol And Other Drug Problems (book).
  This monograph describes the results of a research symposium focusing on how to improve the collaboration of researchers and community activists.

- Getting it Together: Promoting Drug-Free Communities (1991).
  A resource guide for developing effective youth coalitions. Intended to help communities tap resources to help promote drug-free communities in preventing alcohol and other drug use in schools and communities.

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- **NCADI Resource Guides**
  Following are reproducible guides listing of national resources (organizations, videos, curricula, posters, research abstracts etc.) to assist with the specific issues described.

- African Americans, (1993)
  This guide lists dozens of helpful alcohol and other drug prevention resources for the African American community.

- Alcohol And Other Drug-Related Periodicals, (1992)
  Provides a concise annotated bibliography of journals, newsletters, and other publications related to AOD prevention field. Helps specialists keep on top of the latest developments in this continually changing field.

- American Indians/Native Alaskans, (1991)
  This resource guide is a survey of current data on alcohol abuse among American Indians and Native Alaskans. It can be used in planning alcohol and other drug prevention efforts.

- Asian And Pacific Islander Americans, (1990)
  This guide contains facts and figures about Asian and Pacific Islander Americans and alcohol and other drug prevention.

- Child Abuse, (1992)
  Alcohol and other drug abuse and child abuse are often closely related problems. This resource guide provides information and assistance for prevention specialists, educators, and policymakers trying to curb the incident of both problems.

- College Youth, (1991)
  This resource guide contains facts, figures and resources on college drinking

- Curriculum, (1992)
  This resource guide contains a collection of effective ATOD prevention curricula designed for grades k-12.

- Elementary Youth, (1993)
  This resource guide provides information on resources for young children, including curricula.

- Employee Assistance Programs, (1992)
  This resource guide provides useful information for employers and EAP professionals who wish to address the issue of AOD use in the workplace.

- Faith Communities, (1993)
  Faith and religion play an enormous role in the lives of many individuals. The prevention materials, studies, and resources contained in this guide will help members and leaders of the faith communities reach people in their congregation and neighborhoods.

- Foundations, (1992)
  Private non-profit organizations are great supporters and advocates in AOD prevention effort. This resource guide provides information and suggestions, including fundraising ideas.

- **Drugs and Special Populations**

- Women and Drug Abuse: You and Your Community Can Help, 1994 (book)
  Provides guidance for policy makers and community leaders who wish to establish programs to help women and families affected by drug abuse. Addresses issues such as the effects of drug abuse on children and families and the economic, social, and personal costs to women who use drugs.

- An Inner Voice Tells You Not To Drink, 1993 (poster)
  Depicts an artistic rendition of a pregnant American Indian woman sending a message that an inner voice tells you not to drink.

- The Fact Is... Alcoholism Tends To Run In Families (brochure)
  Questions and answers about Children of Alcoholics includes intervention and referral numbers of National Associations.

- Youth and Alcohol (book)
  A series of selected reports on the connection of youth and alcohol use and abuse.

- Alcohol and Drug Use Among Hispanic Youth (book)
  Describes characteristics of Hispanic populations and explores the role of culture in prevention. Provides general recommendations for continuing and expanding current prevention, intervention, and treatment efforts with Hispanic high-risk youth.

- What Works: Workplaces Without Drugs, 1989 (book)
  Includes sample policy statements and descriptions of model programs for employers addressing alcohol and other drug use in the workplace.

- Cost-Effectiveness and Preventive Implications of Employee Assistance Programs, 1995 (booklet)
  Shows cost-effective employee assistance programs dealing with alcohol, tobacco, and other drugs in the workplace.

- Breaking New Ground For Youth At Risk: Program Summaries, 1992 (book)
  Summaries of 130 demonstrative grants funded by CSAP in 1987 to develop, test and evaluate youth in high-risk environments.

- **Gangs**

- A Practical Guide For Understanding and Dealing With Gangs, 1994 (book)
  Includes information on role of teachers and support staff, Factors leading to gang involvement and many other indicators that may lead you to believe that someone is involved in a gang.

- Street Gangs In Phoenix: A Brief History and Perspective
  This handout, prepared by the Phoenix Police Department, discusses the movement and history of gang activity in the city of Phoenix.

- Street Gangs: A General Guide To Understanding and Dealing With Street Gangs
  This handout discusses the characteristics of gangs, why youth become involved with gangs and prevention suggestions for parents, neighbors, resources, etc. Produced by the Phoenix Police Department.

- Street Smart: - 1994; (a directory of Gang and Juvenile Delinquency, 1994)
  This alphabetical directory of Gang Prevention Programs in Maricopa County. Includes facts you should know about gangs, factors leading to, warning signs for parents, Insignia/Logo affiliation and nature of gangs.

The Center for Mental Health Services (CMHS)

CMHS, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), established the Knowledge Exchange Network as a one-stop, national clearinghouse for free information about children's and adolescents' mental health including publications, references, and referrals to local and national resources and organizations. This clearinghouse offers a list of possible partnership activities, campaign information and poster materials, and a series of brochures and fact sheets developed in collaboration with the National Institute of Mental Health.

Contact: Valna Montgomery
Manager, Children's Mental Health Education Campaign
Office of External Liaison, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Suite 13-103
Rockville, MD 20857
Ph: 301-443-9848; e-mail: vmontgom@samhsa.gov
Fax: 301-443-5163
Website: http://www.mentalhealth.org/

A list of their publications includes the following:

- *Publications for Young People and Families*
  - **Brochures**
    - Your Child's Mental Health: What Every Family Should Know
    - You and Mental Health: What's the Deal? (for teenagers)
    - Poster (can be used with "You and Mental Health: What's the Deal?)
  - **Fact Sheets**
    - Children's and Adolescents' Mental Health
    - Children's and Adolescents' Mental: A Glossary of Terms
    - Mental, Emotional, and Behavior Disorders in Children and Adolescents (an overview of disorders)
    - Anxiety Disorders in Children and Adolescents
    - Attention-Deficit/Hyperactivity Disorder in Children and Adolescents
    - Autism Spectrum Disorders in Children and Adolescents
    - Conduct Disorder in Children and Adolescents
    - Major Depression in Children and Adolescents
    - National Clearinghouse for Alcohol and Drug Information Order Form
- *Publications for Providers and Communities*
  - **Fact Sheets**
    - Comprehensive Community Mental Health Services for Children Program (description of CMHS program in 18 States)
    - Systems of Care (coordination of services)
    - Cultural Competence in Serving Children and Adolescents with Mental Health Problems
    - Caring for Every Child's Mental Health: Communities Together Campaign
    - Children's and Adolescent's Mental Health Services Technical Assistance Research Centers

Center for School Mental Health Assistance (CSMHA)

The Center for School Mental Health Assistance (CSMHA), at the University of Maryland at Baltimore, Department of Psychiatry, is a national training and technical assistance center designed to promote the expansion and improvement of mental health services for school-age children and youth. The CSMHA supports school health, mental health, and education personnel by:

- offering ongoing consultation to address administrative, clinical, and systems issues related to school mental health services;
- providing a resource library and clearinghouse on school mental health issues and interventions;
- sponsoring an annual national conference that addresses identified areas of need and emerging issues in school mental health;
- developing a network of school mental health providers to increase collaboration and share expertise;
- convening expert panels to develop recommendations on critical aspects of mental health service delivery in schools; such as financing, documenting the effectiveness, and assuring quality of school mental health services;
- promoting specialization in school-based mental health services among the various mental health disciplines;
- assessing mental health needs of schools and school-age children and youth; and
- facilitating access to up-to date information through a quarterly newsletter, toll-free telephone line, and an upcoming World Wide Web site.

The CSMHA is supported by the Maternal and Child Health Bureau (Grant MCJ24SH02-01-0), Health Resources and Services Administration, U.S. Department of Health and Human Services.

Contact: Department of Psychiatry
University of Maryland at Baltimore
680 West Lexington Street, 10th Floor
Baltimore, MD 21201-1570
Ph: (888) 706-0980
Fax: (410) 706-0984 ; email: csmha@csmha.ab.umd.edu
Website: http://csmha.ab.umd.edu/

Consumer Information Center

The Consumer Information Center (CIC) was established in 1970 to help federal agencies and departments develop, promote, and distribute consumer information to the public. CIC is a separately funded operation located in the U.S. General Services Administration. Some of their publications can be downloaded through their website.

Contact: 18 F. Street, NW Room G-142
Washington, DC 20405
Website: http://www.pueblo.gsa.gov/

Some of their publications for children are:

- *Learning Activities*

- Catch the Spirit: A Student's Guide to Community Service.
  Describes 14 interesting and challenging volunteer opportunities with local and national resources for more information. 15 pp. (1996. ED) 503D. Free.

- Deputy Fire Marshal Kit.
  Stickers, a badge, and colorful certificate teach elementary age children the "cool rules" of fire safety. (1995. CPSC/FEMA) 504D. Free.

- Helping Your Child Learn History.
  Makes history interesting to 4-11 year olds with lots of activities and fun things to do. 50 pp. (1993. ED) 307D. 50¢.

- Helping Your Child Learn Math.
  26 meaningful and fun activities to help your children (ages 5-13) see math as a positive and interesting part of life. 64 pp. (1993. ED) 308D. 50¢.

- Helping Your Child Learn to Read.
  Fun and practical activities to help you and your child lay a foundation for a lifetime of reading. Primarily for children under 10, but helpful for older children too. 65 pp. (1993. ED) 309D. 50¢.

- Helping Your Child Learn Responsible Behavior.
  Designed for children 9 and under to help develop fairness, respect, courage, honesty, compassion, and more. Helpful for adults too. 46 pp. (1993. ED). 310D. 50¢.

- Helping Your Child Succeed in School.
  15 fun activities to do with your children (ages 5-11) to help expand their imagination, obey, organize, help others, and much more. 52 pp. (1993. ED) 311D. 50¢.

- Helping Your Child With Homework.
  Practical suggestions for parents to use when helping elementary and junior high school children. Includes a checklist on setting the time and place; when to follow up with your child's teacher; and more. 52 pp. (1995. ED) 312D. 50¢.

- The Real Deal.
  Word games, a poster, and puzzles to help junior high students learn to be smart consumers. 12 pp. (1995. FTC). 313D. 50¢.

- Timeless Classics.
  Lists nearly 400 books published before 1960 for children of all ages. Divided in grade groups of kindergarten through 12th. 2 pp. (1994. NEH) 314D. 50¢.

Parenting

- Baby Safety Checklist.
  Keep this growth chart handy to mark and date your babies' development and review the 12 important safety tips. (1995. CPSC) 315D. 50¢.

- Growing Up Drug Free.
  Shows parents what children should know about drugs, including alcohol and tobacco, at each age level. 33 pp. (1992. ED) 505D. Free.

- Kids Aren't Just Small Adults.
  Important information about giving nonprescription medicine to your children. 1 pp. (1992. FDA) 506D. Free.

- Learning Disabilities.
  Explains the differences between learning problems and disabilities; includes a chart that shows language and reasoning skills to watch for at different ages, and more. 40pp.(1993. NIMH) 316D. 50¢.

- Planning for College.
  Lists several strategies to help you plan for your child's college tuition and fees along with helpful charts for estimating future costs and investment returns. 10 pp. (1996. TREA) 507D. Free.

- Preparing Your Child for College: A Resource Book for Parents.
  Work sheets and checklists to help you and your child plan for college academically and financially. Gives examples and charts of typical college costs; suggests ways to save and invest; discusses financial assistance, and much more. 57 pp. (1996/97. ED) 508D. Free. An HTML version of this publication is also available.

- Preventing Childhood Poisoning.
  Suggestions on how to keep potentially lethal medications and household products away from children, how to spot symptoms of poisoning, and what antidotes to give. 4 pp. (1996. FDA) 509D. Free.

- Schools Without Drugs.
  An action plan for parents, teachers, school administrators, and students that can help fight drug use. 91 pp. (1992. ED) 510D. Free.

- Toys & Play.
  Learn how play can improve your child's development. Includes a toy safety and buying guide for children up to 12 years old. 23 pp. (1994. CPSC) 511D. Free.

Other Materials

- Books for Children, #11.
  Lists the best children's books recently published for preschool through junior high school students. 20 pp. (1995. LOC) 101C. $1.00.

- Child Health Guide.
  This pocket-sized booklet provides information about immunizations, tests, child development and more. Helps parents keep track of doctor visits, exams, shots, etc. 41 pp. (1994. HHS) 102C. $1.00.

- Children + Parents + Arts
  Five pamphlets with creative ideas to help children develop their artistic skills in theater, writing, music, dance, and the visual arts. 10pp. (1992. NEA) 212C. 50¢

- Helping Your Child Get Ready for School.
  Activities from birth to age five help your child develop socially, mentally, and physically. Guidelines for what to expect from your child at each age level. 56 pp. (1992. ED) 309B. 50¢. An HTML version of this publication is also available.

- Read It Before You Eat It!
  Helps kids learn how to read the new nutrition labels. Includes fun activities to test nutrition knowledge. 8 pp. (1995. FDA) 590B. Free.

- Helping Your Child Be Healthy and Fit.
  Easy and fun activities to do with your children (3-8 years old) to help them build healthy eating and exercise behaviors. 50 pp. (1993. ED) 308B. 50¢.

- Helping Your Child Learn Geography.
  Designed to teach children geography in a style that's challenging and fun. 33 pp. (1990. ED/USGS) 310B. 50¢.

Note: Ordering Information

Currently, the only way to get printed copies of these publications is to order them via mail (USPS not electronic) or fax from the website. If you want to order:

1. Go to the website and click for an Order Form, print it, and follow the instructions below.

   A. Sales Booklets - Fill in the quantity, item #, title, single and total price of the sales booklets you want.

   Quantity Discount: If you order 100 or more copies of a single sales booklet, deduct 25% off the price of this booklet. Discount does not apply to 50 cent booklets.

   International Orders: To cover extra handling costs for shipments outside of the United States, add 25% to the total sales price of your order.

   B. Free Booklets - Fill in the item number and title for each (single copies only) free booklet you want.

   Note: While there is no charge for individual free publications, there is a $1.00 service fee to help defray program costs. For that $1.00, you may order up to 25 different free booklets.

   C. If you want to order more publications than will fit on the form, print out a second copy and attach it to the first.

   D. Payment - Payment can be made by check or money order made payable to the "Superintendent of Documents" or charged to your VISA, MasterCard or prepaid GPO deposit account. On credit card orders, please be sure to include the expiration date and your signature.

   E. Mail Your Order To...
   Consumer Information Center
   Department WWW
   Pueblo, Colorado 81009

   OR

   F. Fax Your Order To...
   You can fax your VISA, MasterCard or GPO deposit account order at 719-948-9724. Sorry, no COD orders or correspondence can be accepted.

   G. Please allow 4 to 6 weeks for delivery.

ERIC Clearinghouse for Counseling and Student Services (ERIC / CASS)

The ERIC Clearinghouse for Counseling and Student Services (ERIC / CASS) focuses on resources for the professional. Information relating to the continuing education of helping services personnel includes the following subject areas: the training, supervision, and continuing professional development in counseling, student services, student development, human services, and mental healt professionals; counseling theories, methods, and practices; the roles of counselors, social workers, and psychologist in all educational settings and at all educational levels; career planning and development; self-efficacy marriage and family counseling; and counseling services to special populations such as substance abusers, pregnant teenagers, students at risk, public offenders, etc. ERIC / CASS offers computer searches of the ERIC database relevant to the aforementioned subject areas on a cost recovery basis. The publishing arm of ERIC / CASS, CAPS Publication, puts out a variety of publications, including monographs on specific issues in the helping services. ERIC / CASS conducts national, state, and local workshops on topics of current educational interests.

Contact: School of Education
101 Park Building, UNCG
Ph: (800) 414-9769
Fax: (910) 334-4114; Email: ericcas2dewey.uncg.edu
Website: http://www.uncg.edu/~erricas2/

Their publications catalog includes:

- *Créme de la Créme Series*

- Effective Group Counseling: Leading Groups Successfully in Different Settings (by S. T. Gladdin
  A succinct and highly useful resource for counseling newcomers and experienced counselors alike. Provides a basic rationale for group counseling as well as practical approaches. Offers practical advice on critical group to use; how to enhance a group and make it more effective; selecting the most powerful group exercises; how to be "creative" in managing groups and assessing when to terminate a group and much, much more! A virtual treasure chest of ideas an resources. Item No. EC197 165 pages $16.95

  Companion video with Dr. Gladding (50 min.) Item No. EC197T $19.95
  SPECIAL VALUE! Monograph and Video Item No. 197R $34.95

- Learning Styles Counseling (by Shirley A. Griggs)
  New and expanded edition of a CASS bestseller. Prepares K-12 counselors to diagnose and infuse learning style approaches into their counseling. Useful in consulting with teachers on accomodating learning styles in the classroom. Item No. EC137 161 pages $16.95

- Comprehensive Guidance Programs That Work (by Norman C. Gysbers)
  Successful comprehensive guidance programs in eight school settings in six states are described Includes practical suggestions and advice for how to bring about change in K-12 school guidanc programs and make them truly comprehensive. Item No. EC106 171 pages $18.95

  The Comprehensive School Counseling Program (Video) Item No. EC143$24.95
  SPECIAL VALUE! Monograph and Video Item No. 106R$34.95

- The Teacher Advisor Program: An Innovative Approach to School Guidance (by Robert D. Myric and Linda S. Myrick)
  Describes six teacher advisor programs that creatively meet the developmental needs of middle and high school students by providing them with a friendly adult in the school who knows and cares about them in a personal way. Many practical ideas and approaches.
  Item No. EC129 125 pages $16.95

- Invitational Learning for Counseling and Development (by W.W. Purkey and J.J. Schmidt)
  Explains how integrating the principles of invitational learning and counseling into guidance programs was a positive force for change in seven different school settings. An excellent approach for responding to students at risk and minimizing dropouts. Item No. EC123 138 pages $16.95

- Empowering Young Black Males (by Courtland C. Lee)
  Focuses on the empowerment model Dr. Lee has developed for assisting young Black males in acquiring attitudes and skills which will enable them to cope more effectively. Four traning modules designed to be used by counselors and other educators prepare Black youth for difficult daily challenges. Filled with practical ideas, training activities and highly useful resources. Item No. EC189 95 pages $14.95

  Companion video with Dr. Lee (45 min.) Item No. EC149 $19.95
  SPECIAL VALUE! Monograph and Video Item No. 149R $29.95
  All 6 Monographs (Videos not included) Item No. 181 $79.95
  Choice of 5 Monographs (Videos not included) Item No. 182 $69.95
  Choice of 4 Monographs (Videos not included) Item No. 183 $59.95
  Choice of 3 Monographs (Videos not included) Item No. 184 $42.95

- Counselor Efficacy (by Garry R. Walz and Jeanne C. Bleuer, Eds.)
  A stimulating review by eminent professionals of counseling efficacy in the areas of: Career Development-Richard Feller; Counselor Education-Robert Gibson; School Counseling-Nancy Perry; Student Development in Higher Education-Cynthia Johnson; Marriage and Family Counseling-Jon Carlson; and an Overview of Counseling Outcomes Research Results-Tom Sexton; Dissemination and Use of Research Results-Garry Walz. A bibliography of significant resources is included. Item No. EC152 150 pages $14.95

- CounselorQuest (compiled by Garry R. Walz)
  CounselorQuest is unique among publications in the amount of practical and reliable information it offers counselors on a wide variety of topics of critical importance to them. There are 165 succinct and highly readable digests and three indexes (title, topic, and educational level). Each digest offers a comprehensive overview of a topic, provides useful practice and program suggestions, and tells you where to go for more information. An indispensable counseling tool that will save you from hours of searching for the information you need. Reproducible for use in classes, counseling interviews, and group meetings. Item No. EC133 350 pages $19.95

- Reform in Student Affairs (by Paul A. Bioland, Louis C. Stamatakos, and Russell R. Rogers)
  This monograph provides an intensive examination of the student development movement in college student affairs. Three highly knowledgeable professional leaders offer a searching analysis of student development concepts and practices. It is "necessary and long overdue response to the uncritical and bandwagon reception" which has characterized the response to the student development movement. The authors' cogent analysis of student development, from theory and research to current practice and outcomes, is stimulating and rewarding. In a compelling concluding chapter the authors suggest a redirection for the role of student affairs in American higher education which addresses the inadequacies of the student development approach while acknowledging its many contributions. Paramount in the proposed redirection is a clear identification with the educational mission of institutions and a focus on facilitating learning. The authors also offer many practical and useful approaches for improving student affairs. Item No. EC198 113 pages $16.95

- Helping Children Cope with Fears and Stress (by Edward H. Robinson, Joseph C. Rotter, Mary Ann Fey, and Kenneth R. Vogel
  A concise overview of children's fears and stress. Features 47 activities and strategies for individual and group counseling interventions for easy integration into the K-curriculum. Includes a facilitator's guide for training teachers and counselors on how to help children cope with fears and stress. Item No. EC188 178 pages $16.95

- Developing Support Groups for Students (by Garry R. Walz and Jeanne C. Bleuer, Eds.)
  This volume includes six information-packed modules offering clear instructions on how to utilize the proven power of student support groups to assist students in developing well-balanced and emotionally stable personalities. Modules include: Helping Students Cope With Fears and Crises; Programs and Practices; Developing and Offering Student Self-Help Support Groups; Designing and Implementing Student Support Programs; Abstracts of Significant Resources; Sources for Assistance and Consultation. Item No. EC186 202 pages $16.95

- Counseling Underachievers (by Jeanne C. Bleuer)
  Summarizes achievement theories, shedding new light on the interaction between ability and effort. Presents a comprehensive model for counseling interventions. Includes guidelines for identifying the factors involved in student underachievement, and practical materials and ideas for improving study skills. Item No. EC112 92 pages $10.95

- Activities for Counseling Underachievers (by J.C. Bleuer, S. Palomares, and G. R. Walz)
  This activity-packed book provides the tools needed to help students (grades 5-12) enhance their school achievement. Assessment devices and group simulations provide valuable information on how students approach learning. The carefully constructed activites assist students to build new learning skills and attitudes where needed. Pre- and post-surveys provide a highly useful measure of student growth. Item No. EC115 $12.95

- School Counselors and the First Freedom (by Mara P. Peterson, and William Poppen)
  No school guidance program is immune from challenges to and attacks on the use of developmental materials or psychological services. This powerful and unique monograph prepares counselors and psychological services staff to understand the source of the challenge and prepare them to adopt an appropriate response. In four compelling sections, the authors offer their incisive insights into current challenges and attacks and provide practical and field-tested responses. Item No. EC111 110 pages $18.95

- Counseling Employment Bound Youth (by Edwin L. Herr, Ed.D.)
  At long last, we have a monograph which so many persons have needed and sought out for such a long period of time. Employment bound youth, a large and vital segment of our population (20 million plus) and future labor force, have been largely ignored in the literature on careers and on counseling and guidance. This neglect has clearly been to the great detriment not only of the young people themselves but to our country's vitality and competitiveness in the rapidly expanding global economy. Item No. EC199 $19.95

- Exemplary Career Development Programs and Pratices (edited by Dr. Bryan Hiebert)
  This "First of its Kind" publication highlights the tremendous activity in research and development focused on career development which is occuring across Canada. Spurred on by the leadership of the Canadian Guidance and Counseling Foundation and the CAMCRY project to create viable career development resources, a remarkable quantity of high quality materials have been developed. So impressive have been the resulting products of this national initiative in career development, that ERIC/CASS has devoted an entire digest collection to the Canadian initiative in career development. The collection includes 48 seperate digests divided into 10 special sections which each contain relevant ERIC searches and supplementary resources. Item No. EC200 $14.95

- Family Counseling in the Schools (by J. Scott Hinkle and Michael Wells)
  This ground-breaking monograph combines a sound theoretical orientation with eminently practical approaches for offering family counseling in school settings. Written by two knowledgeable and experienced counselors, this monograph will be equally useful to counselors new to family counseling and experienced family therapists. All counselors will benefit from the large number of innovative and highly useful interventions which it offers. Item No. EC201 $19.95

ERIC Digests: Supervision

- Models of Clinical Supervision (by George R. Liddick ; Indiana University-Purdue University, Fort Wayne, IN)
- Strategies and Methods of Effective Supervision (by Gordon M. Hart; Temple University, Philadephia, PA)
- Interpersonal Process Recall (by Craig S. Cashwell; Mississippi State University, Mississippi State, MS)
- The Supervisory Relationship (by Allan Dye; Rollins College, Winter Park, FL)
- Supervisee Resistance (by Loretta J. Bradley and L. J. Gould; Texas Tech University, Lubbock, TX)
- Gender Issues in Supervision (by Pamela O. Paisley; Appalachian State University, Boone, NC)
- Multicultural Issues in Supervision (by Margaret L. Fong; Memphis State University, Memphis, TN)
- Parallel Process in Supervision (by Marie B. Sumerel; Raleigh, NC)
- Supervisory Evaluation and Feedback (by Morag B. Colvin Harris; East Texas StateUniversity, Commerce, TX)
- Ethical and Legal Dimensions of Supervision (by Janine M. Bernard; Fairfield University, Fairfield, CT)
- The Good Supervisor (by L. Dianne Borders; University of North Carolina at Greensboro, Greensboro, NC)
- Fostering Counselor's Development in Group Supervision (by Pamela O. Werstlein; University of North Carolina at Greensboro, Greensboro, NC)
- Peer Consultation as a Form of Supervision (by James M. Benshoff; University of North Carolina at Greensboro, Greensboro, NC)
- Supervision of School Counselors (by Patricia Henderson; Northside Independent School District, San Antonio, TX)
- Supervision of Marriage and Family Counselors (by Annette Petro Cryder, Donald L. Bubnenzer, and John D. West; Kent State University, Kent, OH)
- Clinical Supervision in Addictions Counseling: Special Cheallenges and Solutions (by Gerald A. Juhnke and John R. Culbreth; University of North Carolina at Greensboro, Greensboro, NC)
- Administrative Skills in Counseling Supervision (by Patricia Henderson; Northside Independent School District, San Antonio, TX)
- Use of Technology in Counselor Supervsion (by Jack A. Casey; Sonoma State University, Rohnert Park, CA; John W. Bloom and Eugene R. Moan Northern Arizona University, Flagstaff, AZ)
- Counselling Supervision: International Perspectives (by Michael F. Carroll; Roehampton Institute, London, England)

ERIC Digests: Assessment

- Overview of Assessment in Counseling and Therapy (by William D. Schafer; University of Maryland, College Park, MD)
- Assessment Skills of Counselors, Principals, and Teachers (by James C. Impara; University of Nebraska-Lincoln, Lincoln, NE)
- Assessment Skills for School Counselors (by William D. Schafer; University of Maryland, College Park, MD)
- Mental Health Counseling Assessment: Broadening One's Understanding of the Client and the Client's Presenting Concerns (by Gerald A. Juhnke; University of North Carolina at Greensboro, Greensboro, NC)
- CACREP Accreditation: Assessment and Evaluation in the Standards and Process (by Carol L. Bobby and Joseph R. Kandor; Alexandria,VA - State University of New York at Brockport, Brockport, NY)
- The Role of Assessment in Counselor Certification (by Thomas Clawson; Greensboro, NC)
- Assessment of Counselor Performance (by Larry C. Loesch; University of Florida, Gainesville, Florida)
- Evaluating School Guidance Programs (by Norman C. Gysbers; University of Missouri-Columbia, Columbia, Missouri)
- New Assessment Methods for School Counselors (by W. James Popham; UCLA Graduate School of Education, Los Angeles, CA)
- Sound Performance Assessments in the Guidance Context (by Richard J. Stiggins; Portland, Oregon)

- Portfolios For Assessment And Instruction (by Judith A. Arter, Vicki Spandel and Ruth Culham Portland, Oregon - Seattle,Washington - Portland,Oregon)
- Emerging Student Assessment Systems for School Reform (by Edward Roeber; Washington, D
- Assessment of Abilities (by Thomas F. Harrington; Northeastern University, Boston, Massachusetts)
- Interest Assessment (by Jo-Ida Hansen; University of Minnesota, Minneapolis, Minnesota)
- Assessment of Self-Concept (by William Strein; University of Maryland, College Park, Marylan
- Assessment of Temperament (by Hedwig Teglasi; University of Maryland, College Park, Maryland)
- Assessment of Preschool Children (by Nicholas A. Vacc and Sandra H. Ritter; University of North Carolina at Greensboro, Greensboro, North Carolina)
- Screening for Special Diagnosis (by Susan De La Paz and Steve Graham; University of Marylan College Park, Maryland)
- Assessment in Career Counseling (by Dale J. Prediger; Iowa City, Iowa)
- Assessing Career Certainty and Choice Status (by Paul J. Hartung, Ph.D.; Northeastern Ohio Universities College of Medicine, Rootstown, Ohio)
- Gender Differences om Adolescent Career Exploration (by Helen S. Farmer; University of Illin at Urbana-Champaign, Urbana-Champaign, Illinois)
- Assessing Employability Skills (by Thomas H. Saterfiel and Joyce R. McLarty; Washington, DC
- Assessing Career Development with Portfolios (by Juliette N. Lester and Nancy S. Perry; National Occupational Information Coordinating Committee)
- Ethics in Assessment (by Cynthia B. Schmeiser, Ph.D; Iowa City, Iowa)
- Multicultural Assessment (by William C. Sedlacek and Sue H. Kim; University of Maryland, College Park, Maryland)
- Fairness in Performance Assessment (by Tony C.M. Lam; University of Toronto, Toronto, Canada)
- Computer-Assisted Testing in Counseling and Therapy (by James P. Sampson, Jr.; Florida State University, Tallahassee, Florida)
- Testing Students with Disabilities (by Kurt F. Geisinger and Janet F. Carlson; State University o New York at Oswego, Oswego, New York)
- The School Psychologist's Role in School Assessment (by Sylvia Rosenfield and Deborah Nelson University of Maryland, College Park, Maryland)
- Cooperation Between School Psychologists and Counselors in Assessment (by Douglas K. Smith; University of Wisconsin-River Falls, River Falls, Wisconsin)
- Using Buros Institute of Mental Measurements Materials in Counseling and Therapy (by Barbara S. Plake and Jane Close Conoley; University of Nebraska-Lincoln, Lincoln, Nebraska)
- Internet Resources for Guidance Personnel (by Liselle Drake and Lawrence M. Rudner; Catholic University of America, Washington, DC)
- Locating and Evaluating Career Assessment Instruments (by Jerome T. Kapes; Texas A&M University in College Station, Texas)
- Inappropriate Statistical Practices in Counseling Research: Three Pointers for Readers of Research Literature (by Bruce Thompson; Baylor College of Medicine, Houston, Texas)

- ***ERIC-CASS Single Digests***
- A President's Perspective on Student Services Delights and Debits (by Betty Turner Asher; University of South Dakota)
- Effective Group Counseling (by Samuel T. Gladding; Wake Forest University, Winston-Samel, NC)
- School Children and Fitness: Aerobics for Life (by J. Scott Hinkle; University of North Carolina at Greensboro, Greensboro, NC)
- School Counselor Role in Planning and Integrating Basic Skills (by Rich Feller, Joe Daly, and Tracy Smeltzer; Colorado State University, Fort Collins, CO)
- Counselor Intentionality and Effective Helping (by John J. Schmidt; East Carolina University, Greenville, NC)
- Psychodiagnosis for Counselors: The DSM-IV (by J. Scott Hinkle)
- School Psychologists: Leaders for Change Building a Secure Future for Children (by Carol Kelly; Jefferson County, Colorado)

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Federation of Families for Children's Mental Health

The Federation of Families for Children's Mental Health is a national parent-run organization focused on the needs of children and youth with emotional, behavioral, or mental disorders and their families. The Federation's mission is to: provide leadership in the field of children's mental health; address the unique needs of children and youth with emotional, behavioral, or mental disorders from birth through transition to adulthood; ensure the rights to full citizenship, support and access to community–based services for children with mental health needs and their families; and provide information and engage in advocacy regarding research, prevention, early intervention, family support, education, transition services and other supports needed by children and youth with emotional, behavioral, or mental disorders and their families.

Contact: 1021 Prince Street
Alexandria, VA 22314-2971
Ph: (703) 684-7710
Fax: (703) 836-1040; Email: ffcmh@crosslink.net
Website: http://www.ffcmh.org/

Their publications include:

- All Systems Failure
  A joint publication by the Federation of Families for Children's Mental Health and the National Mental Health Association consisting of the Report, an Advocates Guide and Poster on how education and mental health systems are failing to work together to deal with the problems of children and adolescents with serious emotional disturbance.

- Fact Sheet on Childhood Disorders
  It is estimated that during any given six month period, 7.5 million children (ages 17 and under) will experience some type of mental illness. Fewer that one in five receive treatment. This fact sheet provides general information on some signs in a child's behavior that can be indicative of the early stages of a mental illness.

- A Family Advocate's Guide: Managed Behavioral Health Care for Children and Youth
  A joint publication by the Federation of Families for Children's Mental Health and the Bazelon Center for Mental Health Law. Managed care is becoming the driving force for system reform in mental health, but the special needs of children and families are often not well addressed. The guide offers principles of how managed care should work for children with mental, emotional or behavioral disorders and a checklist of strategies to assure that state systems adhere to these principles. The appendix has handouts to copy for educating policy makers and managed care administrators.

- Finding Help, Finding Hope
  A guidebook to school services for families with a child who has emotional, behavioral or mental disorders.

- Managed Care Principles
  The Federation of Families for Children's Mental Health's principles of family involvement in the development and operations of managed health and mental health care systems for children and youth.

- Philosophy Statement
  The founding principles of the Federation of Families for Children's Mental Health.

- Principles on Family Support
  Family support is a constellation of formal and informal services and tangible goods that are defined and determined by families. It is "whatever it takes" for a family to care for and live with a child or adolescent who has an emotional, behavioral or mental disorder. It also includes supports needed to assist families to maintain close involvement with their children who are in out-of-home placement and to help families when their children and ready to return home.

- Principles of the System of Care Applied to Managed Behavioral Health Care
  Managed care should provide appropriate services for children with mental, emotional or behavioral disorders and their families through a flexible system that funds the individual services each child and family needs.

- Your Family and Managed Care
  A joint publication by the Federation of Families for Children's Mental Health and the Bazelon Center for Mental Health Law. This clearly written 16-page booklet explains the workings, advantages and pitfalls of managed care for children with mental, emotional or behavioral disorders. Sections are titled "How Managed Care Can Improve Your Child's Access to Services"; 'How Does Managed Care Control Costs?"; "What You Can Do"; "What to Watch Out For"; and, as a family report care, "Checklist for a Managed Care Plan".

- Why Children Are Not Little Adults
  What must managed behavioral health care consider to be appropriate for children and youth.

Illinois Prevention Resource Center (a project of Prevention First, Inc.)

The mission of Prevention First, Inc. is to help public and private organizations and communities meet the organizational challenged that the era of health care reform brings to their prevention efforts. Prevention First, Inc. offers up-to-date information and technology, and a professional approach that promotes customer needs through the following main programs: 1) Prevention, health promotion and protection in the managed care environment, in the community, in the workplace, in the school, in the home; 2) Information access through on-line technology, research and publications; and 3) Leadership training focusing on team and work group approaches, empowerment/community development, employee relations and managed change.

Contact: 2800 Montvale Drive
Springfield, IL 62704
Ph: (800)252-8951; (217) 793-7353
Fax: (217) 793-7354
Website: http://www.prevention.org/ (will begin in April, 1997)

Some of their publication materials are:

- ***Printed Resources***

- Urban Neighborhood Organizations in the Sanctuaries: Lives and Futures of Inner-City Youth, 1994 (By Milbrey W. McLaughlin, M.A. Irby, and J. Langman).
- Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey, 1994 (by M. Winer & K. Ray)
- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 1994 (By National Maternal and Child Health Clearinghouse)
- AIDS: Setting a Feminist Agenda, 1994 (by L. Doyal, J.. Naidoo & T. Wilton)
- Into Adolescence: Learning About AIDS, A Curriculum for Grades 5-8, 1988 (by J. Post & C. McPherson)
- Viviremos! On the Road to Healthy Living, A Bilingual Curriculum on AIDS and HIV Prevention For Migrant Students (Grades 6-12), 1990 (by Villarreal Analytical Management and
- Organizational Services)
- Evaluating AIDS Prevention Programs, Expanded Edition, 1991 (by S. Coyle, R. Boruch & C. Turner)
- Preventing HIV Infection Among Youth, OSAP Technical Report 5, 1991 (by National Clearinghouse for Alcohol and Drug Information)

- ***Clearinghouse Resources***

- Children Getting a Head Start Against Drugs - Teacher's Guide
- Parents Getting a Head Start Against Drugs - Activity Book
- Sex, Drugs and AIDS in the '90s
- My Body is Mine, My Feelings are Mine
- Vanessa and the Fatal Accident
- Understanding AIDS
- HIV Infection and AIDS
- Guidelines for Effective School Health Education to Prevent the Spread of AIDS
- STD Facts

- ***Newsletter***

- Prevention Forum - a quarterly newsletter that focuses on a special topics related to mental health.

- ***Posters***

- Welcome to My Drug Free World
- Building Our Community

National Adolescent Health Information Center (NAHIC)

The National Adolescent Health Information Center of the University of California, San Francisco was established in October 1993. The Center is a joint activity of the Division of Adolescent Medicine and the Institute for Health Policy Studies. The Division is within the Department of Pediatrics at the University of California, San Francisco. Both the Division and the Institute reside within the School of Medicine. The Center goal is to promote linkages among key sectors of the health care system that affect the health of adolescents. The Centers current activities include: Increasing the availability of information related to the health of adolescents through a coordinated strategy that links collection, analysis and dissemination of Maternal and Child health-related and other national and state activities; Improve the capacity of State Title V agencies to plan, deliver and improve access and coordination of comprehensive primary care for adolescents; Conduct short term and long term policy studies to synthesize research findings, identify health trends, compare policy approaches and analyze current and proposed legislation affecting adolescents; Develop strategies to increase the public's awareness of the health needs to special populations.

Contact: National Adolescent Health Information Center
Division of Adolescent Medicine & Institute for Health Policy Studies
University of California, San Francisco
400 Parnassus Avenue, Room AC-01
San Francisco, CA 94143-0374
Ph: 415/476-2059
Fax: 415/476-6106

A sample of NAHIC's publications include Fact Sheets on the following topics:

- Adolescent Demographics
- Adolescent Mortality
- Adolescent Suicide
- Adolescent Homicide
- Adolescent Injury
- Adolescent Substance Use
- Adolescent Sexuality
- Adolescent Health Care Utilization
- Investing in Preventive Health Services for Adolescents
- Adolescent Pregnancy Prevention: Effective Strategies
- Out-Of-Home: Foster Care, Incarcerated, Homeless/Runaway Adolescents

The National Alliance for the Mentally Ill (NAMI)

The National Alliance for the Mentally Ill (NAMI) was founded in 1972. They are a grass roots, self-help, support and advocacy organization dedicated to improving the lives of people with severe mental illness and their loved ones. NAMI strives to reduce stigma and ignorance of severe mental illness to help eliminate discrimination and restrictions on access to essential treatments and life supports such as employment, housing, health insurance, and social contact. We have over 1,100 affiliate groups and coalition operations in all 50 states.

NAMI membership mainly consists of consumers, family members, and friends of people who suffer from severe, disabling brain disorders such as schizophrenia, clinical depression, bipolar disorder (manic-depression), panic disorder, obsessive-compulsive disorder, and severe disorders in children.

Contact: 200 N. Glebe Rd., Suite 1015
Arlington, VA 22203-3754
Ph: 703/524-7600
Fax: 703/524-9094
Website: http://www.nami.org/

NAMI's publications include brochures on the following topics:

- *Disorders*
    - Depression To Rise Worldwide, Says WHO (4 Feb 97)
    - Schizophrenia Treatment (30 Nov 96)
    - Bipolar Disorder in Children and Adolescents (30 Nov 96)
    - Facts on Tourette's Syndrome (30 Nov 96)
    - Siblings with Schizophrenia Sought (25 Oct 96)
    - Manic Depression: Scanning The Genome For A Cause (21 Aug 96)
    - Hope For Those Who Require Long-Term Care? The Forgotten Population (21 Aug 96)
    - Bipolar Disorder And Multiple Relapses (26 Apr 96)
    - The Efficacy Of Schizophrenia Treatment (24 Apr 96)
    - Neurobiological Brain Disorders: Does my child have one? (9 Dec 95)
    - Special Education and the Child With a Neurobiological Disorder (9 Dec 95)
    - Crisis Care for the Child or Adolescent With a Neurobiological Disorder (9 Dec 95)
    - 12 Things To Do If Your Loved . . .
    - Attention Deficit Hyperactivity . . .
    - Bipolar Disorder And Depression
    - Depression And The Elderly
    - Dual Diagnosis: Substance Abuse & . . .
    - Facts About Severe Mental Illness
    - Families Of OCD Sufferers Suffer
    - Gene For Manic Depression
    - Higher Rates Of Depression In Women
    - Inadequate Depression Treatment
    - Just Between Us
    - Mental Illnesses Are Treatable . . .
    - Mood Disorders: Depression & . . .
    - MYTH For ADHD "Not Controversial"

  - New Study On Bipolar Disorder
  - Noncompliance And Schizophrenia
  - Obsessive Compulsive Disorder
  - Panic Disorder
  - Preventing Recurrent Depression
  - Schizophrenia

- *Medications*

  - Practical Points To Enhance The Effectiveness Of Medications (4 Feb 97)
  - Schizophrenia Treatment: Questions To Ask Your Doctor For Choosing The Right Medication (4 Feb 97)
  - Treating the Depressed Child (5 Jan 97)
  - Lower Lithium Dosing for African-Americans (30 Nov 96)
  - Risperidone for Adolescent Aggression (30 Nov 96)
  - How do medications work? (30 Nov 96)
  - Risperidone Available in Oral Solution (30 Nov 96)
  - Facts About Zyprexa (15 Oct 96)
  - Keeping a Lid on Ritalin (21 Aug 96)
  - Mild Caution About Ritalin (21 Aug 96)
  - Toll-free Risperdal line (3 May 96)
  - Anti-Psychotics Under Development
  - Antidepressant Cleared For U.S. Use
  - Benzodiazepines
  - Clozapine
  - Does Clozepine Alleviate Facial . . .
  - Effexor
  - Facts About Paxil
  - Free Medications
  - Helping Consumers Accept Meds
  - How New Medications Are Approved
  - Lower Incidence Of Agranulocytosis
  - Managing Medication Side-Effects
  - New Therapy For Manic Depression
  - Persons With Schizophrenia Needed
  - Prozac
  - Risperidal Has Benefits
  - Risperidone
  - Starting Risperidone After Clozapine
  - Tardive Dyskinesia (TD)

- ***Research***

  - Partners in Research - Jan 97 (4 Feb 97)
  - Risperidone for bipolar disorder? (4 Feb 97)
  - What Makes Tics Tick? (30 Nov 96)
  - The Best of Times, The Worst of Times (21 Aug 96)
  - Depression and Healthcare Use (21 Aug 96)
  - Panic Disorder Treatment Trend (21 Aug 96)
  - Do Neuroleptics Help Negative Symptoms? (21 Aug 96)
  - Support Groups Yield Better Family Coping (21 Aug 96)

- Impaired Serotonin Activity Can Be Seen In People With
- Depression (21 Aug 96)
- MRI Can Diagnose OCD (21 Aug 96)
- How Do Neuroleptics Reduce Psychosis? (21 Aug 96)
- Trials Find Olanzapine Treats Schizophrenia (21 Aug 96)
- "Working Memory" and Schizophrenia (21 Aug 96)
- Bipolar Risk (21 Aug 96)
- Clinical Research on Schizophrenia (9 Dec 95)
- Schizophrenia: The Current Basic Science (9 Dec 95)
- Schizophrenia and Modern Mental Health Services (9 Dec 95)
- How Do Neuroleptics Reduce Psychosis? (27 May 95)
- Trials Find Olanzapine Treats Schizophrenia (27 May 95)
- Bipolar Risk (27 May 95)
- Progress In Schizophrenia Genetics: Several Studies Point To Chromosome (27 May 95)
- Does Depot Medication Improve Compliance? (27 May 95)
- A Personal Experience In Research
- Alternative Drug For ADHD
- Child And Adolescent Research
- Depression And The Elderly
- Does Clozepine Alleviate Facial . . .
- Evidence Of Need For Research
- Gene For Manic Depression
- Inadequate Depression Treatment
- Mental Disorders And Genetics
- Lab Zeros In On Mental Illness Gene
- Lyme Disease Not New
- Manic Depression And Autism
- Murderers' Brains Found Different
- Neuroscientist Looks Inside...
- New Discovery Of Molecule In Brain
- New Gene Linked To Bipolar Disorder
- New Study On Bipolar Disorder
- Research On Severe Mental Illness
- Risperidone Research: Interview

National Association of School Psychologists (NASP)

NASP publishes books, booklets, fact sheets, and CD rom that contain information and resources on different mental health issues in school settings. Their publications are created for a wide range of audience such as researchers, faculty, practitioners, teachers, and parents. Examples of the topics covered are intelligence and personality assessment, home-school collaboration, alternative educational delivery systems, interventions for achievement and behavioral problems, children at risk, etc.

Contact: 4340 East West Highway, Suite 402
Bethesda, MD 20814
Ph: 301/657-0270
Fax: 301/657-0275
E-mail: nasp8455@aol.com
Website: http://www.uncg.edu/~erriccas2/nasp/

A list of some of NASP publications include the following:

- ***Fact Sheets***
  - Children and Household Chores
  - Children and Organizational Skills
  - Children and Responsibility
  - Children and Study Skills
  - Children and Depression
  - Children and Dependency
  - Children and Masturbation
  - Shyness
- ***Best Practices III on CD-ROM***

  This offers ready access to the entire text of NASP's best-selling Best Practices in School Psychology III through your home or office computer!

  Find any chapter, author, book or subject almost instantly using the powerful but easy-to use FolioViews (r) infobase software.

  Search individual words, phrases or names quickly and efficiently. Use logical operators such as AND, OR, NOT and XOR to narrow your search. Need to know every single place in Best Practices where "CBM" and "reading" are referenced together? This CD will quickly show you all 39 occurances and take you to each with one click of your mouse.

  Print highlighted text for instant handouts. You can also export text to your word processing program to create research papers, course materials, parent/teacher handouts, bibliographies, worksheets and more. This saves time and makes presentation materials more professional looking.

  Customize your Best Practices with personal annotations. Flag up to 1000 key sections with individually named bookmarks, highlight text in hundreds of different colors and styles for easy reference, and write pop-up notes up to 4,000 characters long.

■ *Books*

- Solve Your Child's School Related Problems (edited by Michael Martin and Cynthia Waltman-Greenwood)

  This is NASP's first mass-market book. Editors Martin and Greenwood compiled the best of NASP's professional resources and created a practical, hands-on guide for parents. It's an ideal consultation tool and makes a great resource for parent resource centers.

  It covers almost 40 different school related issues, each chapter provides clear definitions, shows parents how to recognize possible problems, describes proven at-home solutions and, finally, provides advice on when professional help may be necessary. Issues covered include ADHD, Grading, Homework, Learning Disabilities, Perfectionism, Study Skills, School Phobia, and much more.

- Best Practices in School Psychology III (edited by Alex Thomas & Jeff Grimes)

  Best Practices III is an indispensable tool for successfully coping with the many varied issues school psychologists face each day. Each chapter delivers an overview of an important topic in school psychology, puts it into a professional context, offers practical advice on "best practices" you can implement, and points you towards additional resources if you need more detailed information. No single other book enables you to quickly place so many different topics into perspective and competently integrate them into your current knowledge. Best Practices III will instantly expand and upgrade your effectiveness as a practitioner. The 96 chapters and appendices cover the widest imaginable range of issues:
  - Assessment
  - System Level Interventions
  - Student Interventions
  - Problem Solving Approaches
  - Working With Specific Populations
  - Professionalism and Ethics
  - Supervision and Leadership
  - Supporting Systems Functions

  The extensive Appendices are a publication in and of themselves. They include all NASP Position Statements and Standards for practice, ethics, training and field placement, and credentialing. There are also state-by-state summaries of certification and licensing requirements, a listing of all school psychology training programs, and information about medications commonly used to treat children.

- Transition: School to Work Models for Effective Transition Planning (by Fred Jay Krieg)

  The law is clear about WHAT must be done to provide transition services. What remains less clear is HOW to best accomplish this goal. This new book provides the background, recommended practices, and instruments you need to serve a broad range of students effectively and efficiently. It shows how to use a systematic, transdisciplinary team approach to transition planning. It describes the roles and responsibilities of the students, parents, school psychologist, counselors, special educators, school administrators, vocational rehabilitation counselors, and community agencies. It introduces two new instruments, the Student Interest Survey, designed to comply with IDEA requirements, and the Transition Profile, a tool for assessing student strengths, competencies and vocational needs. It will enable you to assume a leadership role in developing and implementing quality transitional services that are in compliance with IDEA, and achieve the desired post-school outcomes. Included in Transition: School-to-Work is a job description for a newly created position of Transition Coordinator, helpful flowcharts and diagrams for implementing the transition process, and several case studies illustrating best practices. It will have broad appeal to anyone who works with adolescents, including school psychologists, counselors, special educators, principals, administrators, and community leaders. (Chapter One -- School-to-Work; Chapter Two -- Definitions and Legislation; Chapter Three -- The Transition Process; Chapter Four -- The Transition Profile; Chapter Five -- Theory into Practice).

- Transition Profile & Student Interest Survey (set of 50 each)
  These convenient, low-cost instruments were designed to be used with Transition: School to Work. Each Profile is a 24-page, 8.5" x 11" booklet. Each Survey is a two-sided, 8.5" x 11" sheet. Including both in every student's IEP helps ensure compliance w ith IDEA mandates.

- Alternative Educational Delivery Systems: Enhancing Educational Opportunities for All Students (edited by Janet L.Graden, Joseph E. Zins & Michael J. Curtis)
  A landmark reference of proven strategies for difficult-to-teach students. Twenty seven chapters by leading authorities show how to design and implement alternative education delivery systems. This book has proven exceptionally popular both as a practical "how-to" manual for the practitioner and as a text for general and special education students. Topics covered include:
  - Need for alternative educational delivery systems.
  - Alternatives in referral practices
  - Alternatives in assessment practices
  - Alternative organizational frameworks
  - Providing alternative services to special populations
  - Alternative intervention frameworks
  - Influencing program change at the district and building level
  - Legal and ethical implications

- Home-School Collaboration: Enhancing Children's Academic and Social Competence (edited by Sandra L. Christenson and Jane Close Conoley)
  Learn how important collaboration between the school and the home/parents can be in enhancing the possibilities for students' success. This comprehensive volume provides conceptual and empirical bases for home-school collaboration, exemplary programs and models for the '90's ethnic issues, and competence enhancement for emotional and behavioral problems. It gives you proven approaches for enhancing home-school collaboration, behavioral interventions, homework, and handling specific populations, such as abused children and children of divorce. You will find this book a valuable reference work whether you are a school psychologist or other professional who wish to utilize the resources of the home in addressing academic and behavioral problems of children of all ages and diverse socioeconomic, developmental and ethnic backgrounds.

- Interventions for Achievement and Behavioral Problems (edited by Gary Stoner, Mark R. Shinn, and Hill M. Walker)
  This volume consists of 34 chapters with an emphasis on the design, implementation, and evaluation of interventions for achievement and behavior problems. Also emphasized is the prevention of problems via rearranging instruction environments, teaching prerequisite skills and knowledge and designing instruction to develop mastery of skill's needed for competent, independent learning. Issues addressed include: evaluation, general intervention strategies, interventions at the Preschool, Elementary, and Secondary levels, and interventions for specific problems (e.g., addictive behaviors and conduct problems). The book also contains chapters on preservice and inservice training issues for instruction and behavioral interventions. School psychologists and other who address the instruction and behavioral problems of all students will find this book a necessary and valuable addition to their personal professional library.

- Children's Needs: Psychological Perspectives (edited by Alex Thomas and Jeff Grimes)

  This very popular monograph was developed with the recognition that many factors beyond the classroom and the child's own personal characteristics influence school success, and that helping professionals in the schools must have an understanding of these factors if they are to be effective in working with children. There are 93 chapter with topics such as adoption, allergies, birth order, television, temperament, and working parents. Each chapter is arranged according to background of the problem, development, putting the topic into perspective, alternative action, and a summary. Bibliographic references are provided, as well as suggested annotated bibliographies for parents and for professionals. This is a reference for the practitioner who needs an authoritative, easily accessible source of information on the wide variety of topics included.

- Helping Children Grow Up in the 90's: A Resource Book for Parents and Teachers (compiled by the National Association of School Psychologists)

  This exceptional resource book has been developed by over 100 school psychologists, each an expert in his or her field, to address many of the areas that place children at-risk for educational and social failure. Organized in handouts and fact sheets, the information provided will help parents, teachers, and other mental health and educational professionals to more broadly understand and address some of the situations and circumstances that children confront on the "road to growing up." Some of the problems addressed in clear, easy-to-understand terms include stress, self-control, peer relations, HIV/AIDS, bullying, responsibility, shyness, fears and phobias, television, study skills, responding to crises, running away, abuse and neglect, teenage parenting, drug and alcohol abuse, children killed by guns, and the effects of poverty and homelessness on America's children.

- Student Grade Retention: A Resource Manual for Parents and Educators

  This handy reference guide includes reviews of research, position statements, and best practices related to the use of retention as a response to academic under-achievement. It answers questions about the effects of retention on achievement, self-concept , attitudes toward school, and school dropout. A number of articles address readiness testing and school entry decision. The articles contained in this volume answer questions and serve as a resource to all who seek alternative solutions to the practice to retention. Different sections focus on particular audiences: parents, educators, and mental health professionals. Sample chapters include:

  - Keeping Students Back: What Are The Facts?
  - Why Student Retention Doesn't Work
  - Best Practices in Assisting in Promotion and Retention Decisions
  - How to Best Protect Children from Inappropriate School Expectations, Practices and Policies
  - Retention and Promotion for the Exceptional Child
  - Advocates for the Young Child: Current Assessment

- Assessing Young Children (by Elizabeth Danielson, Evelyn C. Lynch, Anne Moyano, Bonnie Johnson, and Ann Bettenburg)

  Find out why and how assessment is unique for the early childhood population. Topics include implementing PL 99-457, parental involvement, systematic observation procedures, best practices in assessment, and conveying assessment information to different populations via the written report. An added bonus includes appendices which include helpful observation forms and parent questionnaires.

- Better Parent Conferences (by Paula Sachs Wise)

  A practical guide to conducting successful parent conferences for both new and

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"seasoned" school psychologists. Based on common sense, personal experience and research in the field, topics include listening to parents, getting parents to listen to you, living with biases, and samples of "best" and "worst" conferences. Includes worksheets and evaluation forms as well as a reference list for parents.

- Resources in Crisis Intervention: School, Family, and Community Applications
  Originally developed to respond to the Persian Gulf War, this book provides parents, teachers, family members, and community based service providers with information to plan and implement a comprehensive response to meeting children's emotional needs during a crisis.

- CHILDREN AT RISK: Poverty, Minority Status and Other Issues in Education Equity (edited by Andres Barona and Eugene E. Garcia)
  This important book provides a comprehensive perspective on the issues of "at-risk" children, with particular attention given to poverty, minority status, and ethnicity. It covers Education Equity, with attention given to bilingualism and its relationship to education; and the delivery of education services and interventions with low SES and minority children, including factors associated with academic success of Mexican-American and Anglo students. An intervention model is included, along with the perspectives of teachers, parents, and students, and instructional interventions You will also learn best education support practices, including discussions of the role of the school psychologist; and assessment techniques, with emphasis on preschool, language and culturally diverse gifted student, personality, and achievement assessment. This book will be of value to school psychologists, social workers, counselors, teacher, and other educators in understanding issues in minority education.

- Kids on the Move: Meeting Their Needs (by Yaffa Miller with Jane Wilkins Cherry Illustrations: Claudia Sailor Nimocles)
  If you are a busy professional who must deal with children who are going through stress because of some changes in their living situation, you can't do without this essential book in your library. Learn about issues faced by children going through various life transitions such as moving, stress and depression, family breakup and divorce -- and how they may effect school performance. Specific interventions are given for both parents and schools to ease the transition for the child, ranging from pre-schoolers to adolescents. Parent and teacher activities are included, as well as reading resources and brief descriptions for model programs for use by teachers and parents.

- The Identification and Treatment of School Phobia (by Leslie Z. Paige)
  The exaggerated, irrational fear of attending school among otherwise good students can have a lasting and detrimental effect on their education and overall welfare. Learn how to identify, evaluate, and treat school phobias before the become serious impediments to a child's future. Case histories, warning signs, sample handouts, prevention recommendations and research references make this an important resource for your professional development.

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National Association of Social Workers (NASW)

NASW Press, a dissemination arm of NASW, is a leading scholarly press in the social sciences. It serves faculty, practitioners, agencies, librariers, clinicians, and researchers throughout the United States and abroad. NASW Press delivers professional information to more than 250,000 readers through its scholarly journals, books, and reference works.

Contact: 750 First St., N.E., Suite 700
Washington, D.C. 20002-4241
Ph: 800-638-8799; 202/408-8600
Fax: 202/336-8310
Website: http://www.naswpress.org/

Titles of their publications are as follows:

- *Children and Families*
  - Caring Families: Supports and Interventions (Deborah S. Bass)
  - Helping Vulnerable Youths: Runaway and Homeless Adolescents in the United States (Deborah S. Bass, Prinicipal Investigator)
  - Painful Passages: Working with Children with Learning Disabilities (Elizabeth Dane)
  - Research on Children (Shirley Buttrick, Editor)
  - Training Videos: The Swan Sisters, State v. Swan, and the Williamson Case (Parts I & II) (Donald Dickson, Producer)
  - The Vulnerable Social Worker: Liability for Serving Children with Families (Douglas J. Besharov)

- *Clinical Practice*
  - Clinical Social Workers
  - Managed Care Resource Guide for Social Workers in Private Practice (Vivian H. Jackson)
  - Managed Care Resource Guide for Social Workers in Agency Settings (V. Jackson, ed.)
  - More than a Thousand Words: Graphics for Clinical Practice (Mark A. Mattaini)
  - NASW Guidelines on the Private Practice of Clinical Social Work
  - Person-in-Environment System (James M. Karls and Karin E. Wandrei, Editors)
  - Social Work in Private Practice, 2nd Edition (Robert L. Barker)
  - Third-Party Reimbursement for Clinical Social Work Services
  - Visual EcoScan for Clinical Practice (Developed by Mark A. Mattaini)

- *Diversity*
  - Color in a White Society (Barbara W. White, Editor)
  - The Diverse Society: Implications for Social Policy (Pastora San Juan Cafferty and Leon Chestang, Editors)
  - Ethnicity & Race: Critical Concepts in Social Work (Carolyn Jacobs and Dorcas D. Bowles, Editors)
  - The Helping Tradition in the Black Family and Community (E. P. Martin & J. M. Martin)
  - Lesbian and Gay Issues: A Resource Manual for Social Workers (Hilda Hidalgo, Travis Peterson, and Natalie Woodman, Editors)
  - Multicultural Issues in Social Work (Patricia L. Ewalt, Edith M. Freeman, Stuart A. Kirk, and Dennis L. Poole, Editors)
  - Social Work and the Black Experience (Elmer P. Martin and Joanne Mitchell Martin)
  - Health and Mental Health
  - AIDS: Helping Families Cope

- Guidelines and Documentation Requirements for Social Workers in Home Health Care (Leah Blanchard, Gail Gill, and Elaine Williams)
- Resource Manual: Social Workers and Social Work Services as Defined in Medicare Law and Regulations, 2nd Edition (Madeleine Golde, Editor)
- Social Work Practice in Health Care Settings, 2nd Edition (M. J. Holosko and P. A. Taylor, Editors)
- Racial & Ethnic Harmony: Respect, Understanding, Cooperation and Peace

- *Management*

  - Interactional Supervision (Lawrence Shulman)
  - New Management in Human Services, 2nd Edition (Leon Ginsberg & Paul R. Keys, eds.)
  - Changing Hats: From Social Work Practice to Administration (F. D. Perlmutter)

- *Politics*

  - Approaches to the Welfare State (Pranab Chatterjee)
  - The Legal Environment of Social Work (Leila Obier Schroeder)
  - Practical Politics: Social Work and Political Responsibilty (M. Mahaffey & J. Hanks, eds.)

- *Practice*

  - Certain Change: Social Work Practice in the Future (David Macarov)
  - Common Human Needs: 1987 Edition (Charlotte Towle)
  - The Foundations of Social Work Practice (Carol H. Meyer and Mark A. Mattaini, Editors)
  - Professional Choices: Ethics at Work
  - Self-Help Organizations and Professional Practice (Thomas J. Powell)
  - Serious Play: Creativity and Innovation in Social Work (Harold H. Weissman, Editor/Senior Author)
  - Work and Well-Being (Paul A. Kurzman and Sheila H. Akabas, Editors)
  - Working with Self-Help (Thomas J. Powell, Editor)
  - Baccalaureate Social Workers: The Best Trained Baccalaureate Professionals for Social Services
  - Choices: Careers in Social Work
  - NASW Code of Ethics
  - Reflection & Controversy: Essays on Social Work (Ann Hartman)
  - School Social Workers: Enhancing School Success for All Students
  - Social Workers Help People Just Like You
  - A Study Guide for ACSW Certification (Ruth R. Middleman)
  - What Do Social Workers Do? (Charles Kuralt)
  - What Social Workers Do (Margaret Gibelman)

- *Violence*

  - El fin de la violencia empieza conmigo y con todos nosotros!
  - Hate Crimes—No Way!
  - 100 Ways to Stop Violence
  - Social Workers and the Challenge of Violence Worldwide (Charles Kuralt)
  - Stopping Violence Starts with Me

National Clearinghouse for Alcohol and Drug Information (NCADI)

NCADI is the largest repository of a substance abuse treatment and prevention information in the country. This federal clearinghouse disseminates information from Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). NCADI is the national resource for latest information - over 450 items including fact sheets, booklets, posters, videotapes, audiotapes, monographs, and magazines on all aspects related to alcohol and other drugs of abuse. It also designs, implements and evaluates innovative knowledge transfer and communications strategies. Most items are free of charge; a few have a cost recovery fee. Quite a few items are available in full form on their website.

Contact: P.O. Box 2345,
Rockville, MD 20847-2345
800-729-6686; 301-468-2600
Website: http://www.health.org/

A list of publications from NCADI are as follows:

- *National Institute of Drug Abuse (NIDA) Capsules' Index*

  Provides information on topics such as updated statistics on drug abuse, profiles on various drugs of abuse, and special drug abuse issues concerning teens and young adults. Specific topics include:

  - **Statistics on Drug Abuse**
    - Facts About Teenagers and Drug Abuse
    - Monitoring the Future Study: Trends in Prevalence of Various Drugs for 8th Graders, 10th Graders, and High School Seniors
    - Trends in Drug Use Among College Students
  - **Drug Profiles**
    - Anabolic Steroid Abuse
    - Cocaine Abuse
    - Cigarette Smoking
    - Designer Drugs
    - Inhalant Abuse
    - LSD (Lysergic Acid Diethylamide)
    - Marijuana Update
    - MDMA (Ecstasy)
    - Methamphetamine Abuse
    - PCP (Phencyclidine)
  - **Special Population Issues**
    - Drug Abuse and Pregnancy
    - Facts Supporting NIDA's Drug Abuse and AIDS Prevention Campaign for Teens
    - Facts Supporting NIDA's Drug Abuse and AIDS Prevention Campaign for Young Adults
    - Women and Drug Abuse

- **Miscellaneous**
    - Cocaine: The Big Lie, 1986-1988
    - Ibogaine
    - NIDA's Drug Abuse and AIDS Prevention Campaign for Teens: "AIDS: Another Way Drugs Can Kill"
    - NIDA's Drug Abuse and AIDS Public Education Campaign
    - NIDA Technology Transfer Program
    - Overcoming Barriers to Drug Abuse Treatment in the Community

- *Tips for Teens*

A series of colorful brochures designed to inform adolescents about the risks involved in taking alcohol and other drugs of abuse. The brochures describe the physical and psychological symptoms of use, cite statistics, and provide resources for additional help and information. Topics are:

- Tips for Teens - Smoking
- Tips for Teens - Inhalants
- Tips for Teens - Marijuana
- Tips for Teens - Alcohol
- Tips for Teens - Steroids
- Tips for Teens - AIDS
- Tips for Teens - Crack and Cocaine
- Tips for Teens - Hallucinogens

- *Fact Sheets*

Give factual information about substances of abuse, as well as, about recognizing the signs of drug use and suggestions for getting help. Topics include:

- **Methamphetamines**
    - Facts About Methamphetamines
    - President Clinton's 1996 National Drug Control Strategy and Methamphetamine Strategy
    - Meth Is Back and We're Not Ready

- **Straight Facts About Drugs and Alcohol**
  This booklet includes information about Marijuana, Cigarette Smoking, Alcohol, Methamphetamine, Cocaine and Crack Cocaine, Hallucinogens, and Inhalants; as well as how to recognize the signs of drug use and suggestions for getting help.

- **Drug Search** -- get factual information about the effects of alcohol, tobacco, and drugs, or browse the slang dictionary of drug terms.

- *Alcohol Alerts*

Highlight the relationship of alcohol to a host of relevant issues such as prevention, stress, drunk driving, AIDS, interactions with other medications, screening and assessment, minority groups, and so forth. The complete list of topics is as follows:

- Preventing Alcohol Abuse and Related Problems
- Neuroscience Research and Medications Development (1996)
- Alcohol and Stress (1996)
- Drinking and Driving (1996)
- Diagnostic Criteria for Alcohol Abuse and Dependence (1995)
- College Drinking (1995)
- Alcohol and Tolerance (1995)
- Alcohol-Medication Interactions (1995)
- Alcohol and Hormones (1994)
- Alcohol-Related Impairment (1994)
- Animal Models in Alcohol Research (1994)

- Alcohol and Minorities (1994)
- Alcohol and Nutrition (1993)
- Alcohol and Cancer (1993)
- Alcohol Research and Public Health Policy (1993)
- Alcohol and the Liver (1993)
- The Genetics of Alcoholism (1992)
- Treatment Outcome Research (1992)
- Moderate Drinking (1992)
- Alcohol and AIDS (1992)
- Alcoholism and Co-occurring Disorders (1991)
- Fetal Alcohol Syndrome (1991)
- Assessing Alcoholism (1991)
- Estimating the Economic Cost of Alcohol Abuse (1991)
- Alcohol and Women (1990)
- Children of Alcoholics? Are They Different? (1990)
- Screening for Alcoholism (1990)
- Alcohol Use and Abuse: Where Do the Numbers Come From? (1990)
- Relapse and Craving (1989)
- Alcohol Withdrawal Syndrome (1989))
- Alcohol and Cognition (1989)
- Alcohol and Trauma (1989)
- Alcohol and Aging (1988)
- Methadone Maintenance and Patients in Alcoholism Treatment (1988)

■ ***Making the Link Fact Sheets***

A series of 1-page fact sheets which discuss alcohol and drug abuse in various settings such as schools, college, workplace, or in relation to other societal problems such as violence, suicide, mental health, impaired driving, etc. Specific topics are:

- Domestic Violence & Alcohol and Other Drugs
- Violence and Crime & Alcohol and Other Drugs
- Alcohol, Tobacco and Other Drugs & the College Experience
- Impaired Driving, Injury, and Trauma & Alcohol and Other Drugs
- Sex Under the Influence of Alcohol and Other Drugs
- Alcohol, Tobacco, and Other Drugs in the Workplace
- Health Care Costs, the Deficit, & Alcohol, Tobacco, and Other Drugs
- Alcohol and Other Drugs & Suicide
- Alcohol, Tobacco, and Other Drugs & Pregnancy and Parenthood
- Alcohol, Tobacco, and Other Drugs & Women's Health
- Alcohol, Tobacco, and Other Drugs & Mental Health

■ ***By Our Own Hands***

Consists of traditional and non-traditional prevention campaign materials especially intended for African American community. This packet includes a *community campaign brochure* which discusses key prevention concepts and messages and describes how to plan campaign events; *quick list 10 steps to a drug-free future (parent guide)* which is tailored to African American adults and offers suggestions on how to keep drugs out of the home, school, & community; *we have better things to do than drugs (poster and bumper stickers)* that feature African American youth engaged in a variety of fun and interesting activities such as sports, science, reading, art, and music.

■ *Making Prevention Work Fact Sheets*

A series of actions steps for different populations and organizations to take to prevent alcohol, tobacco, and drug abuse. Each action step is one page in black and white to allow for easy copying. Topics include:

- Health Care Professionals
- Older Americans
- Individuals
- Hispanics/Latinos
- Media
- Business
- Youth-Serving Groups
- African Americans
- Parents, Guardians, & Caretakers
- Community Groups
- Faith Communities
- Colleges and Universities
- The Judiciary
- State & Local Governments
- Victims of Natural Disasters
- American Indians/Alaska Natives
- Asian/Pacific Islander Americans
- Family Members & Providers of People with Disabilities
- Juvenile Justice and Child Welfare
- Patrons of the Arts
- Schools

■ *Develop Your Own Publications*

These are technical assistance bulletins on communications developed by the Center for Substance Abuse Prevention (CSAP) featuring selected topics related to preventive work of alcohol, tobacco, and other drug problems. Empahasis is on providing accurate and relevant messages to target audiences and to select and use appropriate channels -- mass media, interpersonal, and community -- to deliver messages. Selected topics are as follows:

- A Discussion Guide Can Enhance Your Presentation
- You Can Manage Focus Groups Effectively for Maximum Impact
- You Can Increase Your Media Coverage
- Pretesting Is Essential; You Can Choose From Various Methods
- Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application, and Management
- Careful Concept Development Paves the Way to Effective Prevention Materials
- You Can Avoid Common Errors As You Develop Prevention Materials
- A Key Step in Developing Prevention Materials Is To Obtain Expert and Gatekeeper Reviews
- You Can Prepare Easy-To-Read Materials
- Conducting Focus Groups With Young Children Requires Special Considerations and Techniques
- You Can Use Communications Principles To Create Culturally Sensitive and Effective Prevention Materials

■ *Center for Substance Abuse Prevention (CSAP) Resource Guides*

The Substance Abuse Resource Guides (formerly known as the ATOD Resource Guides) are a series of reference tools, curriculum programs and materials developed for diverse audiences, including prevention specialists, health educators, teachers, mental health care providers, law enforcement/public safety professionals, and community leaders. Each Resource Guide includes a list of prevention materials, an annotated bibliography of research articles, and a list of major organizational resources on a specified topic. The list of topics includes:

- Alcohol and Other Drug Related Periodicals - November 1992
- African Americans - May 1996
- Asian and Pacific Islander Americans - September 1995
- Child Abuse - November 1992 (reprint October 1995)
- Community Action - July 1996
- Curriculum - November 1992 (reprint September 1995)
- Elementary Youth - December 1993
- Employee Assistance Programs - July 1992

- Faith Communities - May 1993
- Foundations - November 1992
- Healthcare Providers - April 1995
- Hispanic/Latino Americans - July 1996
- Impaired Driving - January 1994
- Inhalants - March 1995
- Injury Control - January 1995
- Intervention - January 1993 (reprint September 1995)
- Lesbians, Gay Men, and Bisexuals - October 1994
- Older Americans - October 1992
- Parents, Guardians, and Caregivers - March 1996
- People With Disabilities - December 1993
- Prevention in the Workplace - January 1993
- Rural Communities - August 1994
- Secondary School Students - January 1995
- Tobacco - December 1993
- Violence - November 1995
- Women - July 1994
- Youth in Low Income Environments - March 1996

■ ***Prevention Primer***

The Prevention Primer is an excellent reference tool for prevention practitioners. It incorporates the principles of a public health approach to preventing alcohol, tobacco, and other drug problems in its summaries of issues and strategies. It provides a brief history of prevention efforts and an overview of key topics, issues, principles, and approaches that have proven successful. Subject areas are as follows:

- African-American Youth
- AIDS
- Alternatives Approach
- American Indians/Native Alaskans
- Asian/Pacific Islander Americans
- Binge Drinking
- Birth Defects and Adverse Birth Outcomes
- Blood Alcohol Concentration
- Center for Substance Abuse Prevention
- Children of Alcoholics
- Cocaine
- College and University Students
- Community Action Groups
- Community Partnerships
- Continuum of Service
- Cultural Competence
- Dietary Guidelines for Alcohol
- Drug Testing in the Workplace
- Editorial Guidelines
- Employee Assistance Programs
- Environmental Approaches to Prevention
- Evaluation
- Federal Agencies
- Gay, Lesbian, & Bisexual Youth/Adults
- Heroin
- Hispanic/Latino
- Healthy People 2000
- RADAR Network
- Historical Overview of Prevention
- Impaired Driving
- Labeling Youth
- Marijuana
- Media Advocacy
- Mutual Self-Help Groups
- Older Adults
- Parents and Prevention
- PCP
- People with Disabilities
- Pregnant and Postpartum Women
- Prevention
- Prevention Strategies
- Public Health Model
- RADAR Network
- Resources for Prevention
- Resilience/Protective Factors
- Risk Factors
- Rural Communities
- Social Bonding
- Social Marketing
- Steroids
- Student Assistance Programs
- Tobacco
- Violence
- Youth--Facts About Attitudes and Use
- Youth Participation

- ***Publications for Special Populations (Educators, Families and Friends, Youth and Women)***

Designed to give educators, parents, youth, family members, relatives and significant others information and resources to deal with various issues related to substance abuse. Topics include:

- Action Steps for Parents and Caregivers
- Growing Up Drug Free: Parent's Guide to Prevention
- Weekly Reader - Parent Supplement
- Alcoholism Tends to Run in Families
- Using Your Medicines Wisely: A Guide for the Elderly
- 10 Things Every Teen Should Know About Marijuana
- Action Steps for Youth
- Action Steps for Parents and Caregivers
- Facts Parents Need to Know: Marijuana
- When Someone Close to You has a Problem
- Guide for Teens: Does Your Friend have an Alcohol or Drug Problem
- Parent's Guide to Prevention: Growing Up Drug Free
- Moving Forward with Your Life
- Female Adolescents and Marijuana Use
- Race Against Drugs
- Marijuana -- Facts for Teens
- Women and Drug Abuse
- Healthy Women/Healthy Lifestyles
- An Inner Voice Tells You Not to Drink (poster)
- CASA Study - a summary of the findings of the first comprehensive report addressing the impact of substance abuse upon the American woman.

- ***Publications for Health Professionals and Prevention Program Planners***

Created to offer health professionals, practitioners and community leaders information on research updates, resources, successful approaches, etc. with regard to substance abuse prevention and treatment.

- "The Making Prevention Work" book - provides data, prevention theory, and other background information about what is working to prevent substance abuse, proven strategies, risk and protective factors, and lists of additional reading and resources.

- "Drug-Free for a New Century: A Chart Book" - provides the latest facts and statistics about prevention.

- The text of a poster entitled, "Getting the Message Out: Ideas on How to Use the Media and Communications Tools in this Kit".

- What You Can Do About Drug Use in America

- Making a Case for Prevention

- Managed Care and Mental Health/Sustance Abuse Services: An Annotated Bibliography

- A Renewed Mission: Where Should We Be Going in the 21st Century (by Nelba Chavez, Ph.D.)

- Managed Care in the Public Sector: The Federal Role (by Eric Goplerud, Ph.D.)

- The Physician's Guide to Helping Patients with Alcohol Problems

- The Young & Restless: Generation X & Alcohol Policy - a paper presented at the Alcohol Policy X, Toronto, Canada, May 5, 1996 (by Dr. Lewis D. Eigen)

- Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse. CSAT TIP Series 9.

■ ***National Clearinghouse on Alcohol and Drug Information (NCADI) Catalog***

Contains a complete listing of all publications, monographs, resources, posters, audio and video cassettes on a variety of issues pertaining to substance abuse prevention and treatment. This catalog is updated quarterly. An online catalog is available through their website. The catalog consists of the following general categories:

- Community Leaders
- Educators
- Family and Friends
- Health Professionals and Clinicians
- Prevention Program Planners
- Scientists and Researchers
- Youth
- Women
- Data and Statistics
- Publicaciones en Español
- Treatment and Rehabilitation
- Workplace
- Audiocassettes
- Videocassettes
- Posters
- Publications in Series
    - ▸ Alcohol Alert Series
    - ▸ Substance Abuse Resource Guides
    - ▸ CSAP Prevention Monographs
    - ▸ CSAP Technical Report Series
    - ▸ CSAP Communications Technical Assistance Bulletins
    - ▸ CSAP Drug-Free Communities Series
    - ▸ NIDA Capsules
    - ▸ NIDA Clinical Report Series
    - ▸ NIDA Research Monograph Series
    - ▸ CSAT Technical Assistance Publications Series
    - ▸ CSAT Treatment Improvement Publications Series

National Clearinghouse on Child Abuse and Neglect Information (NCCAN)

The National Clearinghouse on Child Abuse and Neglect Information is the major national resource fo the acquisition and dissemination of child abuse and neglect reference materials. As the information an of the NCCAN, the Clearinghouse seeks to meet the information needs of researchers, practitioners, an professionals working with children and families. At the core of the Clearinghouse is its database of more than 22,000 child abuse and neglect and child welfare documents. This database and other resources are accessible both through the Clearinghouse Home Page and on a CD-ROM that is availabl free of charge to libraries, universities, and other qualified institutions. The Clearinghouse also distributes training resources, research studies, statistical reports, State Statutes summaries, and annotated bibliographies.

Contact: P.O. Box 1182
Washington, DC 20013
Ph: (800) 394-3366
Fax: (703) 385-3206; Email: nccanch@calib.com
Website: http://www.calib.com/nccanch/

The Clearinghouse catalog consists of the following items:

- ***Training Resources (the User Manual Series)***
  The User Manual Series is an expanding training resource that currently includes 15 volumes addressing a range of child maltreatment issues. All manuals in the series are now available in either bound or unbound printed formats and on disk. The unbound format consists of printed original copies designed to be reproduced. You are encouraged to photocopy the manuals for training sessions, conferences, or reference on the job. The manuals on disk are formatted in WordPerfect 5.1 and are $5.00 each.

  - A Coordinated Response to Child Abuse and Neglect
  - Child Protective Services: A Guide for Caseworkers
  - Crisis Intervention in Child Abuse and Neglect
  - Supervising Child Protective Services Caseworkers
  - Substitute Care Providers: Helping Abused and Neglected Children
  - The Role of Mental Health Professionals in the Prevention and Treatment of Child Abuse and Neglect
  - The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect
  - Caregivers of Young Children: Preventing and Responding to Child Maltreatment
  - The Role of Law Enforcement in the Response to Child Abuse and Neglect
  - Working with the Courts in Child Protection
  - Treatment for Abused and Neglected Children: Infancy to Age 18
  - Protecting Children in Substance-Abusing Families
  - Child Neglect: A Guide for Intervention
  - Child Sexual Abuse: Intervention and Treatment Issues
  - Protecting Children in Military Families

- ***Other Relevant Manuals***

- A Coordinated Response to Child Abuse and Neglect: A Basic Manual. 1992. 64 pages. Bound with cover, 92-30362. FREE. Unbound for photocopying, 00-30362. FREE. On disk, 02-30362. $5.00.
  A Coordinated Response gives professionals and nonprofessionals an understanding of basic child protection principles, tasks, and practices. Topics include: definitions of child abuse and neglect; scope, causes, and effects of child maltreatment; Federal and State roles in combatting child maltreatment; philosophical tenets on which community responsibility for child protection is based; community responses to child abuse and neglect; strategies for enhancing collaboration and coordination among community agencies and services; roles and responsibilities of professionals involved in the child protection system; and prevention

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strategies. This first volume in the User Manual Series lays a foundation of knowledge upon which other manuals in the series build as they address more specialized topics.

- Child Protective Services: A Guide for Caseworkers. 1992. 98 pages. Bound with cover, 20-10012. FREE. Unbound for photocopying, 00-10012. FREE. On disk, 02-10012. $5.00.
  Child Protective Services is a guide to basic casework practice. The manual describes child protection principles, stages of the child protection process, and steps necessary to accomplish each stage successfully. Topics include: the responsibilities of the child protection services agency; the intake process; development of the caseworker-client relationship; case planning and management; and evaluation of family progress

- Crisis Intervention in Child Abuse and Neglect. 1995. 69 pages. Bound with cover, 20-10084. FREE. Unbound for photocopying, 00-10084. FREE. On disk, 02-10084. $5.00.
  Crisis Intervention in Child Abuse and Neglect is a guide for child protective services caseworkers but may benefit others involved in child protection such as law enforcement officers or health care providers. The manual describes the territory, principles, and methods of crisis intervention with CPS cases and distinguishes between the terms crisis intervention and emergency services. Topics include: the goals and steps of intervention, assessment of the causes of the crisis and of future risk to the children, approaches and techniques of crisis intervention, termination and follow-up services, crisis intervention worker, and family-centered response models.

- Supervising Child Protective Services Caseworkers. 1994. 85 pages. Bound with cover, 20-10059. FREE. Unbound for photocopying, 00-10059. FREE. On disk, 02-10059. $5.00.
  Supervising Child Protective Services Caseworkers is designed for CPS supervisors and administrators. The manual provides the foundation for supervisory practice in CPS, describes the roles and responsibilities of the CPS supervisor, and provides practice-oriented advice for carrying out supervisory responsibilities. Topics include: understanding the nature of CPS supervision; understanding supervisory involvement in the CPS process; building the foundation for effective unit functioning; building staff capacity; monitoring casework performance; achieving client outcomes and unit performance; recognizing performance; dealing with performance problems; increasing job satisfaction and preventing burnout; making the transition from caseworker to supervisor; managing training; and providing support.

- Substitute Care Providers: Helping Abused and Neglected Children. 1994. 76 pages. Bound with cover, 20-10057. FREE. Unbound for photocopying, 00-10057. FREE. On disk, 02-10057. $5.00.
  Helping Abused and Neglected Children is designed for substitute care providers and child welfare staff. The manual provides basic information for serving abused and neglected children in family foster care and adoption settings. The manual also serves as a resource for child protective services staff and law enforcement, education, mental health, legal, health care, and early childhood professionals. Topics include: substitute care and permanency planning; needs of abused and neglected children; systems, networks, and teams; support for foster parents; review and monitoring; and issues in adoption for the 1990s.

- The Role of Mental Health Professionals in the Prevention and Treatment of Child Abuse and Neglect. 1993. 82 pages. Bound with cover, 20-10034. FREE. Unbound for photocopying, 00-10034. FREE. On disk, 02-10034. $5.00.
  The Role of Mental Health Professionals addresses the information needs of mental health service providers including psychiatrists, psychologists, clinical social workers, psychiatric nurses, counselors, and art therapists. Topics include: roles of mental health professionals associated with primary and secondary prevention; responsibilities of mental health professionals when child maltreatment is suspected; forms of child maltreatment and types of evaluation; treatment issues and models; and treatment modalities.

child maltreatment in cases involving parental substance abuse; comprehensive family assessment; juvenile court involvement with chemically involved families; and innovative approaches to intervention.

- Child Neglect: A Guide for Intervention. 1993. 84 pages. Bound with cover, 20-10037. FREE. Unbound for photocopying, 00-10037. FREE. On disk, 02-10037. $5.00.
  Child Neglect is a resource for child protective services workers, child care providers, educators, mental health service providers, law enforcement personnel, etc. Topics include: definitions, causes, and consequences of neglect; guidelines for assessment and intervention; primary, secondary, and tertiary prevention strategies; and social policy issues.

- Child Sexual Abuse: Intervention and Treatment Issues. 1993. 116 pages. Bound with cover, 20-10039. FREE. Unbound for photocopying, 00-10039. FREE. On disk, 02-10039. $5.00.
  This manual is designed for any professional who may encounter suspected child sexual abuse. Topics include: professional and personal issues associated with working in the field of child sexual abuse investigations; scope, effects, and indicators of child sexual abuse; structure of child sexual abuse investigations; risk assessment, interview techniques, and criteria for substantiating child sexual abuse; and causal models and treatment issues for the victim, the offending parent, and the non-offending parent.

- Protecting Children in Military Families: A Cooperative Response. 1992. 146 pages. Bound with cover, 20-10014. FREE. Unbound for photocopying, 00-10014. FREE. On disk, 02-10014. $5.00.
  Protecting Children is designed for service providers with child protection responsibilities who work with military families. The manual describes how the military Family Advocacy Program works, highlights differences between the military and civilian child protection systems, and identifies child maltreatment issues unique to the military environment. Topics include: risk factors in military families, jurisdictional and legal issues, military family advocacy programs, and military family dynamics.

■ ***Research and Statistics***
The Clearinghouse disseminates information on research conducted on child maltreatment issues, the National Child Abuse and Neglect Data System (NCANDS), and the National Incidence Studies mandated by Congress. New materials are developed as unmet needs are identified. More products may be available than are described here. Contact the Clearinghouse if an item you are seeking is not listed.

- Research Reviews
  - The NCCAN series of research reviews presents descriptions and key findings of child abuse and neglect research published in professional journals. The reviews are organized in two volumes: Volume I covers physical abuse, emotional abuse, and neglect and Volume II covers sexual abuse.
    Child Maltreatment Issues 1994: Volume I - Physical Abuse, Emotional Abuse, and Neglect. September 1995.
  - Child Maltreatment Issues 1992-1993: Volume I - Physical Abuse, Emotional Abuse, and Neglect. September 1994.
  - Child Maltreatment Issues 1992-1994: Volume II - Sexual Abuse. Spring 1996.
  - Child Maltreatment Issues 1988-1991: Volume I - Physical Abuse, Emotional Abuse, and Neglect. Fall 1994.
  - Child Maltreatment Issues 1988-1991: Volume II - Sexual Abuse. Fall 1994.

- National Child Abuse and Neglect Data System (NCANDS)
  - Child Maltreatment 1994: Reports From the States to the National Center on Child Abuse and Neglect. April 1996. 88 pages. 22-10058. FREE
    This document summarizes statistics collected through the National Child Abuse and Neglect Data System (NCANDS), the primary source of national information on abused and neglected children known to State child protective service agencies. Data are presented on child abuse

and neglect reports, investigations, victims, and perpetrators in each State/Territory and nationwide in 1994. In addition, analyses review trends in maltreatment over the 5 years (1990-1994) of NCANDS data collection activities.

- NCANDS Fact Sheet. March 1992. 1 page. 11-11114. FREE
  This fact sheet provides an overview of NCANDS, a national voluntary data system on child maltreatment. The fact sheet contains a brief history of NCANDS, describes the two-part data collection system from State CPS agencies and summarizes NCANDS-related technical assistance services available to States.

- ***Grant Program Information***
  Every year the Federal government provides funds for programs that address child maltreatment. These funds are made available through grants given by NCCAN as well as other Federal agencies.

  - NCCAN and OTHER FEDERAL GRANT PROFILES

  - Profile of Research Grants Funded by NCCAN 1990-1995. January 1996. 33 pages. 09-70006. $4.00
    This document compiles 33 profiles of NCCAN's current research grantees. Each profile includes the names of the principal investigator and the Federal project officer, project start and end dates, projected Federal funding, index terms, and a project description.

  - Profiles of Research and Demonstration Grants Addressing Issues of Neglect: FY 81-91. June 1993. 20-10027. $6.00.
    This collection of research and demonstration grant profiles includes the names of the principal investigator and the Federal project officer, project start and end dates, projected Federal funding, index terms, and a project description.

  - Fourth Forum on Federally Funded Child Abuse and Neglect Research Compendium: Fiscal Year 1994 Projects. April 1996. 178 pages. 23-10041. $18.00
    This publication, sponsored by the Interagency Research Committee, presents basic information and descriptive abstracts on new and continuing research projects funded by 12 participating Federal agencies. Several appended tables provide an overview of the Federal effort in child abuse and neglect research.

- ***State Statute Series***
  A comprehensive statutory scheme exists in the U.S. that covers all aspects of child protection, from reporting to investigation to courtroom procedures during trials. As a joint project of the Clearinghouse and the National Center for Prosecution of Child Abuse, the State Statutes Series summarizes both the criminal and civil maltreatment statutes of each State in language that is accessible to lawyers and non-legal professionals alike.

  The State Statutes Series is updated annually. The version listed below reflects the status of the law of December 1995.

  Each topic element in the series may be purchased separately, as a part of a volume, or as an entire set. If you purchase all the elements in a volume, you will receive an attractive binder to keep the statutes and updates organized and at your fingertips. The State Statutes Series includes summaries of State laws on the following topic elements:

  - Civil Statutes
    - Volume 1. Reporting Laws
    - Definitions
    - Mandatory Reporters
    - Immunity for Reporting
    - Penalties for Failure to Report
    - Penalties for False Reporting
    - Reporting Procedures
    - Suspicious Deaths
    - Drug-Exposed Infants

- Civil Statutes
  - Volume 2. Central Registries
  - Establishment and Purpose
  - Contents and Maintenance
  - Expungement of Records
  - Confidentiality of Records

- Criminal Statutes
  - Volume III. Investigations
  - Mandatory Autopsies and Child Death Review Teams
  - Authorization for Joint Investigations
  - Authorization for Multidisciplinary Teams
  - HIV Testing of Sex Offenders
  - Sex Offender Registration
  - Public Notification of the Release of Sex Offenders

- Criminal Statutes
  - Volume IV. Child Witnesses
  - The Use of Closed-Circuit Television Testimony
  - Admissibility of Videotaped Dispositions or Testimony
  - Admissibility of Videotaped Interviews or Statements
  - Child Hearsay Exceptions
  - Competency of Child Witnesses to Testify
  - Protecting the Identity of Child Victims
  - Authorization for Special Support Persons in Criminal Child Abuse Proceedings
  - Special Statutes of Limitation for Offenses Against Children
  - Special Procedures in Criminal Child Abuse Cases

- Criminal Statutes
  - Volume V. Crimes
  - Child Homicide
  - Child Pornography
  - Child Prostitution
  - Criminal Neglect and Abandonment
  - Emotional Abuse
  - Physical Abuse
  - Sexual Offenses
  - Computer Crimes
  - Religious Exemptions to Criminal Child Abuse and Neglect

- ***Special Studies and Reports***
  The Clearinghouse is a repository for reports and studies covering various aspects of child maltreatment. More products may be available than are described here. Contact the Clearinghouse if an item you are seeking is not listed.

- Abuse and Neglect of Children with Disabilities: Report and Recommendations. The National Symposium on Abuse and Neglect of Children with Disabilities. November 1994. 1995. 32 pages. 20-10091. $4.00.
  Sponsored by both Federal and private agencies and educational institutions, a national symposium on children with disabilities was held in November 1994. Its aims were to raise public awareness about abuse and neglect of children with disabilities, develop recommendations on prevention and intervention measures for such abuse, and devise an action plan for Federal, State, and local governments and agencies; private organizations; and disabled individuals and their families.

- A Report on the Maltreatment of Children with Disabilities. 1993. 162 pages. 20-10030. $17.00.
  This document summarizes the outcomes of research on maltreated children who have the additional hardship of prior physical, intellectual, or emotional disabilities. Much of the information in the report is based on data collected from 35 Child Protective Services agencies statistically selected to be nationally representative. Topics include: previous research on child

maltreatment and disabilities; incidence of maltreatment among children with disabilities; characteristics of maltreated children with disabilities; and case processing.

- Intra-Familial Child Sexual Abuse: A Comprehensive Treatment Project. August 1995. 127 pages. 20-10083. $14.00.
  This publication presents a treatment model developed by the Prince George's County, MD, Department of Social Services for intra-familial child sexual abuse. One of the model's unique aspects is its focus on the entire family as the client, rather than only on the child victim. Its goals are to prevent family separation and to facilitate early reunification of separated children with their families.

- Child Sexual Abuse Prevention Programs: Do They Work? December 1994. 10 pages. 20-10079. $1.00
  This analysis from the National Resource Center on Child Abuse and Neglect discusses what is known about child sexual abuse prevention programs, their effects, and how they can be improved.

- Joint Investigations of Child Abuse: Report of a Symposium. July 1993. 29 pages. 20-10033. $3.00.
  Sponsored by four Federal agencies, the Symposium on Joint Investigations of Child Sexual Abuse brought together representatives from child protective services agencies and the law enforcement community to explore barriers to and positive outcomes of interagency cooperation.

- Chronic Neglect Symposium: Proceedings. August 1995. 145 pages. 20-10085. $16.00
  On June 27-28, 1993, representatives from NCCAN, State and local CPS agencies, universities, associations, and nonprofit organizations came together at the NCCAN-sponsored Symposium on Chronic Neglect in Chicago. Organized according to the symposium's agenda, the Proceedings present both the formal panel presentations and the discussions on chronic neglect that took place during the 2-day symposium.

- A Review of Selected Journal Articles on Child Neglect Research: 1988-1991. June 1993. 26 pages. 20-10029. $3.00.
  Prepared for the Chronic Neglect Symposium described above, this publication summarizes and analyzes research in child neglect published during the years 1988-1991. A child neglect research bibliography is appended.

- Final Report on the Validation and Effectiveness Study of Legal Representation Through Guardian Ad Litem. 1995. 249 pages. 20-10066. $28.00.
  This publication is an NCCAN-sponsored report on the effectiveness of guardians ad litem (GALs) and court appointed special advocates in cases of child abuse and neglect. Subjects covered include the GAL's roles and responsibilities, methodology used in the study, analysis of the findings, and recommendations.

- Final Report on the Validation and Effectiveness Study of Legal Representation Through Guardian Ad Litem: Appendix A, National Study of Guardian Ad Litem Representation. 1995. 266 pages. 20-10067. $28.00.
  This appendix contains the methodology of the GAL study, both national and State summaries of GAL representation, sampled counties in each State, and conclusions and recommendations.

- Final Report on the Validation and Effectiveness Study of Legal Representation Through Guardian Ad Litem: Appendix B, Data Collection Instruments. 1995. 169 pages. 20-10068. $19.00.
  This appendix holds the materials used to collect data for the GAL study. Included are the questionnaires for attorneys, volunteers, caseworkers, and judges.

■ ***Other Special Issues***

- A Report to Congress: 1993 Study of High Risk Child Abuse and Neglect Groups. August 1995. 68 pages. 20-10053. $7.00.
  This report presents the key findings of an NCCAN-sponsored study that identified groups underserved or unserved by child abuse and neglect programs and estimated the incidence of child abuse and neglect among such groups.

- A Report to Congress: 1993 Study of Child Maltreatment in Alcohol Abusing Families. August 1995. 256 pages. 20-10052. $26.00.
  This report presents the major findings of an NCCAN-sponsored study that reported on the incidence of child abuse in alcoholic families and on the relationships between child abuse and familial alcoholism.

- The National Survey of Current & Former Foster Parents. 1995. 120 pages. 20-10080. FREE.
  This report describes the methodology and findings of a study comparing the characteristics and experiences of current and former foster parents. The results of the survey are expected to influence future policy developments.

- Fatality Review Teams: A Multi-Agency Approach. February 1994. 175 pages. 20-10064. $18.00.
  This participant guide is from a national training teleconference, presented by the Missing and Exploited Children Comprehensive Action Project (M/CAP). It provides information and resource: on how to organize a child fatality review team, operational issues, and the review process.

- A Decade of Journal Literature on the Treatment of Physical Child Abuse. July 1993. 22 pages. 20-10087. $2.50.
  This literature review concentrates on selected journal articles published between 1983 and 1992 whose focus is the treatment of physical child abuse. The author summarizes the strengths and weaknesses of recent treatment research and identifies areas needing further exploration.

■ ***Public Awareness Materials***

To increase public awareness of child abuse and neglect issues, the Clearinghouse distributes materials ranging from general information packets, fact sheets, and brochures to catalogs of audiovisual materials and free posters.

- General Information Packet. January 1996. 01-10001. FREE.
  This packet provides general information on child abuse and neglect and includes fact sheets on child maltreatment, listings of relevant organizations, and a "Working Together" poster.

- Statistics Packet.January 1996. 01-10003. FREE.
  This packet presents recent statistics on child abuse and neglect. Included are a general information fact sheet and an excerpt from the report on the National Child Abuse and Neglect Data System, a national voluntary data system that tracks child maltreatment.

- Media Tips: Child Abuse and Neglect Prevention: Getting Your Message Out Through the Media. Fall 1995. 4 pages. 11-11160. Free.
  This document uses a question-and-answer format to advise child abuse and neglect programs on how to use the media more effectively. Topics include choosing of the appropriate type of coverage, media contact, and media strategy. Outreach ideas are also listed.

■ ***Fact Sheets on Child Abuse and Neglect***

The Clearinghouse disseminates one-page fact sheets on the topic of child maltreatment and on the work of the National Center on Child Abuse and Neglect (NCCAN). The following titles are available:

- "In Fact" Fact Sheet: Answers to 10 Frequently Asked Questions. 1 page. 11-11159. FREE.
- "What is Child Abuse and Neglect" Fact Sheet. 1 page. 11-11163. FREE.
- Child Abuse and Neglect Fact Sheet. 1 page. 11-11126. FREE.
- National Center on Child Abuse and Neglect. 1 Page. 11-11111. FREE.

■ ***Audiovisual Materials***

- Catalog of Videotapes and Other Media on Child Abuse and Neglect. Winter 1994. 52 pages. 25-01001. $6.00.
  This catalog describes 136 videotapes, audiotapes, anatomical dolls, and other types of media. The listings in this publication are grouped according to the audience and topic, with materials for professionals, parents, children, and the public. The entries give a complete description of each audiovisual item with information on distributors and costs.

- ***Child Abuse and Neglect Information Resources***

- Consortium of Clearinghouses on Child Abuse and Neglect. April 1995. Brochure. 19 pages. 21-10025. FREE.
  This brochure describes the products and services of the 15 national clearinghouses and resource centers in the Federal Consortium of Clearinghouses and Resource Centers on Child Abuse and Neglect.

- ***Poster***

- "Working Together" Poster. May 1994. 23-02013. FREE.
  This colorful, attractive poster emphasizes child abuse prevention with the message "Working Together For Our Children: We CAN Prevent Child Abuse and Neglect."

- ***Selected Annotated Bibliographies***
  The Clearinghouse offers several annotated bibliographies on topics of interest to child abuse and neglect and child welfare professionals. The bibliographies include selected entries/records from Clearinghouse databases and cite journal articles, chapters, books, reports, monographs, and papers on child maltreatment topics. Each entry provides an abstract as well as publication information. In addition, the bibliographies inlcude related resource materials on the selected topic.

  Publications listed in the bibliographies that are not copyrighted, such as Government publications, grant reports, or unpublished papers, are available from the Clearinghouse for a reproduction fee of $0.10 per page. Journal articles are copyrighted and may be found at research or university libraries. Commercially published books, monographs, and reports are available from the publishers listed. Contact the Clearinghouse if you have any questions.

- Prevention
  - Child Sexual Abuse Prevention
  - Family Support Services
  - Prevention Resources for Educators

- State Statutes
  - Mandatory Reporting

- Child Welfare
  - Family Preservation
  - Foster Care

- Violence
  - Impact of Violence
  - Child Victims, Child Witnesses, and Perpetrators of Violence

National Clearinghouse on Families & Youth (NCFY)

The National Clearinghouse on Families & Youth (NCFY) is a central source of information on you and family policy and practice. NCFY was established by the Family and Youth Services Bureau; Administration on Children, Youth and Families; U.S. Department of Health and Human Services. NCFY produces technical assistance publications on youth and family programming, manages an Information Line through which individuals and organizations can access information on youth and family issues, and sends materials for distribution at conferences and training events.

Contact: P.O. Box 13505
Silver Spring, MD 20911-3505
Ph: (301) 608-8098
Fax: (301) 587-4352

Their publications list is as follows:

■ *Fact Sheets*

- Drug Abuse Prevention Program for Runaway and Homeless Youth (1992)
- Family and Youth Services (1992)
- National Runaway Switchboard (1992)
- Runaway and Homeless Youth Program Basic Centers (1992)
- Supporting Youth & Families in Your Community: How You Can Help (1995)
- Supporting Youth & Families in Your Community: Student Volunteer Information Sheet (1995)
- Transitional Living Program for Homeless Youth (1992)

■ *Publications*

- Covering Youth and Family Issues: A Guide for the Media
- FYSB Update. A Research Summary: Youth with Runaway, Throwaway, and Homeless Experience ... Prevalence, Drug Use and Other At-Risk Behaviors. (October 1995)
- FYSB Update. The Research and Demonstration Program: FYSB Tests Home-Based Services, Promotes Transitional/Independent Living Program Collaborations. (December 1995)
- A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs. (January 1994)
- A Guide to Implementing Research and Demonstration Grants for the Family and Youth Services Bureau. (March 1995)
- Reconnecting Youth & Community: A Youth Development Approach
- Report of the Task Force on Serving Youth with Developmental Disabilities. (June, 1994)
- Supporting Your Adolescent: Tips for Parents

The National Dropout Prevention Center/Network

The National Dropout Prevention Center publishes a variety of resources to assist educators and other practitioners concerned about youths at risk. Resources at the Center include a quarterly newsletter, a searchable database, publications, and a file for consultants and speakers.

Contact: The National Dropout Prevention Center/Network
Publications Department
Clemson University
Clemson, SC 29634-5111
Ph: 864/656-2599
Fax: (864)656-0136; E-mail: ndpc@clemson.edu
Website: http://www.dropoutprevention.org/

A list of resources from the Center is as follows:

- **Quarterly National Dropout Prevention Newsletter** and **The Journal of At-Risk Issues** report up-to-date on current topics in the field and research.

- **The Solutions and Strategies Series**
  Provides information that strengthens their efforts in educating youth at risk. Titles are:

  - How To Identify At-Risk Students.
    Effective approaches to early identification of potential dropouts.(July 1989) $2.50
  - Self-Esteem: The Key to Student Success.
    Any effort to reduce the dropout rate must include a component that seeks to raise the level of perceived self-worth on the part of the student. (January 1990) $2.50
  - Incentives and Education.
    Incentives are widely used by educators. Discover how they work in various school settings. (June 1991) $3.00
  - The Disadvantages of Tracking and Ability Grouping: A Look at Cooperative Learning as an Alternative.
    Research shows that tracking is detrimental to student success. Cooperative learning provides an effective alternative.(March 1993) $3.00
  - Family Literacy's Approach to Dropout Prevention.
    This intergenerational approach can break the cycle of illiteracy. (May 1993) $3.00
  - Enhanced Vocational Education: Developing a District-Wide Dropout prevention Program.
    EVE represents an expanded vision of vocational education that seeks change in curriculum, methods, and the students it serves. (September 1993) $3.00
  - Promoting Success for the African-American Male Student: A Blueprint for Action.
    The Black Male Crisis compels educators to act now. This report offers a coordinated plan to ensure the success of African-American males. (Jan. 1994)$3.00
  - Resolving Conflict Through Peer Mediation.
    Violence in our schools threatens teachers and students alike. Learn about a strategy which teaches students the skills needed to resolve conflicts. (June 1994) $3.50
  - School-Based Case Management: An Integrated Service Model for Early Intervention with Potential Dropouts.
    Learn about a successful case management model. (September 1995) $3.50

- **Research Reports**
  Provide in-depth, applied research information to assist educators in their work with mentoring or tutoring projects, vocational education, service learning, evaluation, or business-education partnerships.

  - Mentoring Programs for At-risk Youth.
    An overview of mentoring, one of the most effective and least costly of all dropout prevention efforts. (1990) $5.50

  - School-Community-Business Partnerships: Building Foundations for Dropout Prevention.
    Everything you need to know about designing, implementing, and monitoring a community-wide partnership to meet the needs of at-risk youth. (1990) $8.50

  - The Mentoring Guidebook.
    A comprehensive manual, including more than 25 useful forms, for those serious about establishing a mentoring program.(1991) $15.00

  - Tutoring Success!
    Tutoring is easy to implement using this collection of ideas, suggestions, and helpful forms. (1991) $4.50

  - Alternative Education.
    A noted educator discusses alternative education settings and potential for youth at risk. (1991) $8.50

  - The Evaluation Handbook.
    A definitive manual for evaluators. Includes ideas and sample forms for evaluating projects. (1992) $14.00

  - An Evaluation Guide for Tutoring Programs.
    Evaluation procedures specially designed for those who manage tutoring programs. (1992) $8.00

  - Vocational Education for the 21st Century.
    A contemporary look at how vocational education can help at-risk students. (1992) $12.00

  - The Lifelong Options Program.
    A planning manual for integrating academics and vocational education. (1992) $8.00

  - Service Learning: Meeting the Needs of Youth At Risk.
    How to engage at-risk youth through service. (1992) $18.00

  - The Journal of At-Risk Issues.
    A research journal containing articles about issues related to at-risk situations. Back issues are available. Price is per issue. Please specify issue desired. $15.00

- Books

  - Effective Strategies for Educating Students in At-Risk Situations, 1995 (by P.C. Duttweiler,Ed.D)
    In this book, Dr. Duttweiler argues that restructuring the educational system is an essential prerequisite to successful and lasting educational reform. She discusses the core instructional and curricular structures of schools and the strategies that have prove effective with students in at-risk situations. The strategies include those for prevention--actions taken to anticipate, forestall, or deal with problems before they irreparably impair a studentís ability to perform successfully in school; mediation--the process of providing an educational environment that ensures success for all students; and intervention--actions designed to interrupt or modify problems that are negatively affecting students' performances.

  - Straight Talk About Discipline, 1995 (by J.V. Hamby, Ph.D.)
    What's wrong with kids today? Why are our young people so undisciplined? Why can't they be responsible? What's causing them to act like they do? And what can schools, teachers, and parents do about it? Noted teacher educator John V. Hamby not only gives answers to these questions, he also provides educators with a comprehensive, holistic approach to achieving responsible, well-behaved young people. Learn more about group and individual approaches to preventing disruptions, resolving conflicts, reducing violence, motivating responsible social behavior, and building character in the school and classroom.

- **Brochures**

  - The Focus Database: The Nation's Premier Resource in Dropout Prevention.
    An overview of the nation's most comprehensive database of information related to working with at-risk youth. Free

  - Partnerships: The Keystone of Dropout Prevention
    Highlights the necessity and effectiveness of public-private partnerships designed to meet the needs of at-risk youth. Free

- **Booklets**

  - So You Want to Drop Out of School: You Ought to Know the Facts!
    A booklet designed for distribution amoung at-risk students. Sold in quantities of 50. $25.00

  - School Dropouts: The Principal's Role.
    Building principals play a vital role in serious dropout prevention efforts. $1.00

  - How's Your ESP?
    A self-analysis tool for at-risk students to see how they feel about school, their families, and themselves; a useful tool for individual and group counseling. Sold only in quantities of 50. $39.00

  - Pocket Guide to Service Learning.
    Introduce a variety of groups to the concept of service learning with this booklet. Sold only in quantities of 25 (Single copies available for $1.75) $35.00

  - Pocket Guide to Multiple Intelligences.
    Enhance student learning by applying the Theory of Multiple Intelligences in classroom instruction. This quick read introduces the MI Theory, and offers suggestions for implementation, evaluation, and futher reading. Sold only in quantities of 25 (Single copies available for $1.75) $35.00

- **Games**

  - Nuts and Bolts.
    A staff development game designed to enhance the awareness and training of school and community program staff inservice learning. $35.00

  - MI Game.
    The Mulitiple Intelligences Game is an innovative, cooperative learning game for educators to explore multiple ways of teaching any concept or skill. $45.00

- Curriculum Connections.
  A game which provides a simulated experience to assist educators in developing their skills for integrating service learning into the curriculum. $35.00

  - Neighborhood Squares.
    This board game can play a role in preparing students in grades 4-12 for service learning through simulated experiences. $35.00

National Information Center for Children and Youth with Disabilities (NICHCY)

NICHCY is the national information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals. Special focus is given to children and youth (birth to age 22). NICHCY also provides other services such as: personal responses to questions on disability issues, including specific disabilities, early intervention, special education, family issues, legal issues, Individual Education Programs, and much more; referrals to other organizations and agencies, including national and state disability groups, regional and state organizations, professional associations, information centers, parent groups, and advocacy groups; information searches of NICHCY's Databases and Library; and technical assistance to parent and professional groups.

Contact: Box 1492
Washington, DC 20013-1492
Ph: 800/695-0285; 202/884-8200
Fax: 202/884-8441
Website: http://www.nichcy.org

Most of the printed publications of NICHCY are accessible at their internet site and can be printed out free of charge. Publications available in Spanish are indicated with an asterisk (*). A complete list of their publications is as follows:

- ***General Resource Publications***
  - NICHCY brochure* describes their services. Free of charge.
  - National Resources gives the numbers and addresses of selected national organizations and information centers that deal with various disabilities or that can provide information about disabilities. 4 pages. Free of charge. Single copies only.
  - General Information About Disabilities* gives an overview of the 13 disabilities defined by the Individuals with Disabilities Education Act. 2 pages. Free of charge. Single copies.
  - Public Agencies Fact Sheet gives a general description of public agencies that assist families of children with disabilities. 2 pages. Free of charge. Single copies only.
  - National Toll-Free Numbers gives the toll-free numbers of selected national organizations addressing disabilities. 6 pages. Free of charge. Single copies only.
  - State Resource Sheet gives a list of selected state-wide disability-related agencies and organizations in your state, including public agencies and specific disability organizations. 4 pages. Free of charge. Single copies only.
  - Complete Set of State Resource Sheets includes a state resource sheet for each state and territory within the United States. 105 pages. $10.00.
  - NICHCY SPANISH PUBLICATIONS CATALOG describes all NICHCY publications available in Spanish. 8 pages. Free of charge.

■ *News Digest*

News Digest is a series of publications that take an in-depth look at some of the current disability issues, such as parent concerns and feelings, legal issues, assessment, inclusion, and siblings of children with disabilities. Each issue concludes with a resource list of publications and organizations.

- Planning for Inclusion (1995)
  The movement to include children with disabilities in general education classrooms is gaining momentum across the United States. This News Digest provides a brief overview of the range of inclusion issues--what is meant by inclusion, what the legal basis for inclusion is, the debate that surrounds inclusion, and inclusion within current reform initiatives. It provides an extensive list of resources on inclusion. A series of bibliographies that provide a list of annotated resources on inclusion in specific disability areas can be ordered to accompany this News Digest. They are listed under "Bibliographies" in this catalog. 32 pages, $4.00.

- Assessing Children For The Presence of a Disability (1994)
  This News Digest focuses upon the assessment process that school systems use to collect information to determine if a child is eligible for special education services. The methods used (e.g., observation, interviews, testing) are discussed as is the parents' role. Cultural and linguistic testing issues are also addressed. 28 pages, $4.00.

- Directory of Organizations (1993)
  This News Digest offers short descriptions of many national organizations that provide information and services. The organizations are grouped as follows: general disability information; information for families; legal rights and information; early intervention; special education; transition; financial information and assistance; and minority concerns. (Note: Organizations providing information and referral in specific disabilities are not listed in this directory; NICHCY's Fact Sheets or General Resource Sheets are available to identify such organizations.) 28 pages, $4.00.

- Questions and Answers about the IDEA* (1993)
  This News Digest answers many of the questions and concerns that families and professionals have about the mandates and requirements of the Individuals with Disabilities Education Act (IDEA), formally known as P.L. 94-142, the federal law that supports special education and related services programming for children and youth with disabilities. Topics covered include evaluation, eligibility, and procedural safeguards. A verbatim list of IDEA's definitions of 13 different disabilities and excerpts from Appendix C of the IDEA, where guidance is given regarding components of the IEP, are included.16 pages First copy free. Additional copies $4.00 each.

- Parenting a Child with Special Needs: A Guide to Readings and Resources* (1993)
  When parents learn that their child has a disability or chronic illness, they begin a journey that takes them into a life that is often filled with strong emotions, difficult choices, interactions with many different professionals and specialists, and an ongoing need for information, assistance, understanding, and support. This News Digest was developed expressly to respond to the information needs of parents. It will also be useful to professionals who work with families, helping them to understand how having a child with a disability can affect the family. 24 pages. First copy free. Additional copies $4.00 each.

- Promising Practices and Future for Trends for Special Education (1993)
  This News Digest looks at the issues of educational excellence and the research regarding effective educational methods for students with disabilities. It includes suggestions to help parents and professionals access resources and information about special education practices. 24 pages. $4.00.

- Estate Planning (1992)
  This News Digest provides an overview of the process by which families can create specialized wills and trusts to provide for their children in the future. Written by expert estate planners, this publication can help inform parents about how to develop a special needs will, how to protect their child's eligibility for government benefits, and how to ensure that future caregivershave an in-depth understanding of the person with a disability. This issue is tailored to plan financial and security needs of adult children with disabilities. 20 pages. $2.00.

- Sexuality Education for Children and Youth with Disabilities (1992)
  This News Digest addresses the concerns that parents and professionals face in informing and guiding children and youth with disabilities in their social-sexual development and in preparing them to make healthy, responsible decisions. 28 pages. $2.00

- Related Services for School-Aged Children with Disabilities (1991; updated 1995)
  This News Digest looks exclusively at related services (as identified by the Individuals with Disabilities Education Act [IDEA], formally known as P.L. 94-142), including occupational and physical therapy, speech-language pathology, transportation, and special health services. This publication describes these services and the process by which students can obtain them. 24 pages. $4.00.

- The Education of Children and Youth with Special Needs: What Do the Laws Say? (1991, updated 1996)
  This issue gives an overview of (1) the Individuals with Disabilities Education Act, formally known as the Education of the Handicapped Act, P.L. 94-142; (2) Section 504 of the Rehabilitation Act of 1973; (3) the Carl D. Perkins Vocational Education Act; and (4) the Americans with Disabilities Act. Other relevant laws are described briefly. A discussion of the legislative process for passing and reauthorizing laws is included. 16 pages. $4.00.

- Having a Daughter with a Disability: Is it Different for Girls? (1990)
  This issue examines the issue of gender, focusing on the different challenges that girls with disabilities may experience with school, career exploration, and independence. 16 pages. $2.00.

- Assistive Technology (1989, updated 1996)
  Assistive technology refers to the special devices that areavailable to help individuals with disabilities in daily life--electronic communication aids, a print enlarger on a computer screen, speech synthesizers, and switches, to name a few. This News Digest provides tips on how to become an informed consumer of such technology, examines federal legislation and integration of technology into a student's Individualized Education Program (IEP), and gives some suggestions for funding technology. 20 pages. $4.00

- Respite Care: A Gift of Time (1989, updated 1996)
  Respite care provides families with specialized temporary child care. In recent years, more and more respite services have become available, many on a sliding-fee scale. This issue discusses types of respite care available and gives tips and advice to parents seeking such care. 8 pages. $4.00

- Children with Disabilities: Understanding Sibling Issues (1988, updated 1994)
  This News Digest explores the dynamics of family life and focuses in particular upon how a sibling's disability can affect other children in the family. Many of the articles are written by siblings themselves. 12 pages. $4.00

■ ***Transition Summary***

The Transition Summary series provides an overview of a selecteddisability issue, much like the News Digest series. Transition Summary focuses on preparing youth with disabilities to make the transition from high school to the adult world. Each issue concludes with a resource list of publications and organizations.

- Options After High School for Youth with Disabilities (1991)
  This issue of Transition Summary--a joint publication of NICHCYand the HEATH Resource Center--was developed to help youth withdisabilities, their families, and the professionals who work withthem plan for transition. An overview of adult service systems (e.g., Social Security Administration, Vocational Rehabilitation) is given. Employment options are also explored. Concerns such as reasonable accommodation, accessibility, and the need to keep records are discussed as well. 28 pages. $4.00

- Transition Services in the IEP (1993)
  Under the Individuals with Disabilities Education Act (IDEA), the Individualized Education Programs (IEPs) of youth with disabilities must specify the transition services that each student needs to prepare for life after exiting public school. This issue presents information on the regulations and requirements for transition services and examines suggested transition components such as employment, postsecondary educational activities, independent living, eligibility for various adult services, and community participation. 28 pages. $4.00

- Travel Training for Youth with Disabilities (1996)
  This Transition Summary focuses on training people with disabilities to use public transportation safely and independently. Using public transportation enables people to travel to and from work, go to school or other training programs, visit friends, and take care of daily needs such as grocery shopping. This publication was written for people who live in communities that have some form of public transportation. Several articles describe the essential components of a successful travel training program, the specific skills that travelers need to ensure safe and independent travel, and the issues that arise with specific disabilities such as physical, cognitive, and visual impairments. An overview of the ADA, as it relates to transportation, is also provided. This Transition Summary concludes with a listing of further information including resources for people living in small and/or rural communities. 24 pages. $4.00

■ *Disability Fact Sheets*

Each disability Fact Sheet presents a short overview of a specific disability--its characteristics, incidence, and educational implications-- and concludes with a list of helpful books and organizations. Updated annually. 2 pages. Free of charge. Single copies only.

- Autism/Pervasive Developmental Disorder*
- Cerebral Palsy*
- Deafness and Hearing Loss*
- Down Syndrome*
- Emotional Disturbance*
- Epilepsy*
- Learning Disabilities*
- Mental Retardation*
- Severe and/or Multiple Disabilities
- Speech and Language Impairments*
- Spina Bifida*
- Visual Impairments*
- Traumatic Brain Injury*
- Attention-Deficit/Hyperactivity Disorder*

■ *Disability Briefing Papers*

- Attention-Deficit/Hyperactivity Disorder (1991, updated 1994)

This publication provides detailed information about the characteristics and evaluation of AD/HD, suggestions on how to help children at home and at school, the legal responsibilities of schools to provide services to students with AD/HD, and a list of books and organizations. 16 pages. $2.00

- Reading and Learning Disabilities Resource Guide (1992, updated 1995)

This paper provides information about the characteristics of learning disabilities and how having a learning disability can affect the life of a child, youth, or adult. An extensive list of books and organizations that address learning disabilities is included. 16 pages. $2.00

■ *Parent Guides*

Parent Guides offer answers to questions and concerns that parents of children with disabilities typically have. Written in an informal question-and-answer format, each guide explores a different topic. Practical suggestions are given.

- A Parent's Guide: Accessing Programs for Infants, Toddlers, and Preschoolers (0-5 years)* (1990, updated 1994)

This Parent's Guide answers questions about accessing early intervention services for infants and toddlers (birth to 2 years), and includes information on how to identify programs within your state, and how to identify and access special education programs for preschoolers with disabilities (ages 3-5). Answers cover services for rural, Native American, adoptive/foster, and military families and their young children with disabilities. This issue includes an overview of the Individuals with Disabilities Education Act, a glossary of disability and special education terms, a list of helpful books, and a parent's record-keeping worksheet. 20 pages First copy free. Additional copies $2.00 each.

- A Parent's Guide: Accessing the Eric Resource Collection (1990, updated 1996)

This Parent's Guide provides an overview of the Educational Resources Information Center (ERIC) collection, a system made up of 16 clearinghouses and 5 support units. ERIC is a nationwide information network designed to provide ready access to education literature. Included are guidelines for searching this system, using a computer to access ERIC, getting documents from the system, identifying specific information about children with disabilities, and a listing of the 16 ERIC clearinghouses and their support components. 8 pages. $2.00.

- A Parent's Guide: Doctors, Disabilities, and the Family (1990)
  This guide offers suggestions on how families with a child who may have a disability and/or special health care needs can find a primary health care provider or pediatrician. Suggestions are included for those who use private physicians, public health clinics, or Indian Health Services. The document concludes with several lists of questions parents might want to ask--before the doctor sees their child, when scheduling an appointment, when the doctor has seen the child, about general checkups and development, medications, tests, referrals to specialists, surgery, and hospitalization. 16 pages. $2.00.

- A Parent's Guide: Planning a Move; Mapping Your Strategy (1990, updated 1994)
  This Parent's Guide is intended to help families who have a child with a disability map out their strategy when planning a move, either within the same state or to another state. Specific concerns covered include: learning the new state's policies regarding special education and SSI benefits; obtaining all of the child's educational and medical records to transfer to the new location; identifying parent or disability groups in the new location; and ensuring that school records, particularly the IFSP or IEP, are transferred to the new location. This document concludes with a checklist of the tasks that need to be completed when moving. 12 pages. $2.00.

- A Parent's Guide: Special Education and Related Services: Communicating Through Letterwriting* (1991)
  Throughout your child's school years, there is always a need to communicate with school teachers, administrators, and others concerned with your child's education. Generally it is helpful to communicate in writing. Letters provide you and the school staff with a record of requests, ideas, concerns, and suggestions. This Parent's Guide gives a general overview of the rights of parents and children with disabilities and identifies times when you may want or need to write to the school. Topics include: discussing a problem; requesting an initial evaluation for special education services; requesting a meeting to review the IEP; requesting a change of placement; requesting a child's records; requesting an independent evaluation; requesting a due process hearing; writing a follow-up letter; and giving positive feedback. Sample letters that address these issues are included. 20 pages. $2.00.

- A Parent's Guide: Accessing Parent Groups* (1993)
  Parent groups can serve many purposes, but primarily they offer parents a place and a means to share information, give and receive emotional support, and work as a team to address common concerns. This Parent's Guide is intended to help parents who have a child with a disability, access parent groups nationally and in their state and community. Types of groups are discussed, guidelines are offered to help identify individual needs, suggestions are given about how to identify national, state, and local groups, and information is given on how to start a new group. 12 pages. $2.00.

- ***Student Guide and Technical Assistance Guides***

These publications are how-to guides that provide step-by-step instructions and practical information. Two were produced as audio programs and are supplemented by written guides.

- Technical Assistance Guide: Operating a Local Information and Referral Center (1994)
  This Technical Assistance Guide offers practical advice to individuals on how to set up and operate a local information and referral center. It offers an overview of the many areas important to operating an information and referral (I&R) center and includes many suggestions on design and management. It is divided into the following chapters: The Basics; Your Resource Collection; Your Referral Network; Staffing; Conducting

Outreach; Responding to Requests; Evaluating Your I&R; and Conclusions. A list of readings directs users to additional sources of information. 76 pages. $5.00.

- A Student's Guide to the IEP (1995)
  This Student's Guide is produced on audiotape, with an accompanying booklet (which is read on the tape), to help students with disabilities participate in developing their own Individualized Education Program (IEP). On the tape several students, all of whom have disabilities, talk about their experiences as active participants in their IEP. Step-by-step guidelines are given to lead students through the process of learning about how the IEP is developed, learning about their disability, listing their strengths and weaknesses, identifying accommodations they need, developing a list of goals and objectives for the year, talking with teachers and parents, and participating in and preparing for the IEP meeting. Contains: Audio program (30 minutes) and Booklet (12 pages). $4.00.

- Technical Assistance Guide: Helping Students Develop their IEPs (1995)
  This guide is directed to teachers, school administrators, and parents who would like to help students with disabilities become active participants in their own Individualized Education Program (IEP) meetings. The Technical Assistance Guide is a package of an audio program and a booklet in which teachers, administrators, and parents share their experience with student participation in the IEP process. Detailed suggestions are given for acquainting students with the purpose and contents of IEPs, and teaching them how to discuss their disability, learning styles, and accommodations. (Note: The guide is intended to be used in conjunction with NICHCY's A Student's Guide to the IEP.) Contains: Audio program (28 minutes) and Booklet (24 pages). $4.00.

- Set: A Student's Guide to the IEP, and Technical Assistance Guide: Helping Students Develop their IEPs (1995)
  A Student's Guide to The IEP, and Technical Assistance Guide: Helping Students Develop Their IEPs were designed to be used in conjunction with each other. See above for details.

- Booklets and audio programs can be ordered separately
  - A Student's Guide to the IEP, booklet only. $2.00.
  - Technical Assistance Guide: Helping Student's Develop Their IEPs, booklet only. $2.00
  - Cassette only (contains both audio programs). $2.00.

■ *Bibliographies*

NICHCY Bibliographies provide a list of selected books, journal articles, monographs, other print materials, and, in some cases, videos, available on specific subjects. Typically, for each subject, there are two bibliographies: one for schools and one for families. Some of the bibliographies are annotated. The last four listed below identify resources on educating children in an inclusive classroom, as well as general information on educating students with specific disabilities. To help readers obtain resources of interest to them, each bibliography includes the names, addresses, and telephone numbers of the relevant publishers.

- Assessing Children for the Presence of a Disability: Materials for Schools (1994)
  8 pages. $2.00.

- Assessing Children for the Presence of a Disability: Materials for Families (1994)
  4 pages. $2.00.

- a bibliography of materials on behavior management in the schools (1994)
  8 pages. $2.00.

- A Bibliography of Materials on Behavior Management in the Home and Community (1994)
  4 pages. $2.00.

- A Guide to Children's Literature and Disability: 1989-1994 (1995)
  8 pages. $2.00.

- A Bibliography for Schools on Mental Health/Mental Illness (1995)
  4 pages. $2.00.

- A Bibliography for Families on Mental Health/Mental Illness (1995)
  4 pages. $2.00.

- Inclusion Bibliography: Educating Students With Disabilities: Resources Addressing More Than One Disability (Annotated) (1996)
  12 pages. $2.00.

- Inclusion Bibliography: Educating Students With Emotional/Behavioral Disorders (Annotated) (1996)
  12 pages. $2.00.

- Inclusion Bibliography: Educating Students With Attention-Deficit/Hyperactivity Disorder (Annotated) (1996)
  12 pages. $2.00.

- Inclusion Bibliography: Educating Students With Learning Disabilities (annotated) (1996)
  16 pages. $2.00.

■ *Other NICHCY Publications*

- Questions Often Asked About Special Education Services (1994)
  This Briefing Paper, set in question-and-answer format, discusses frequently asked questions about special education services. It is written primarily to help parents learn, in overview fashion, about the Individuals with Disabilities Education Act (IDEA) and how students with disabilities access special education and related services.
  8 pages. First copy free. Additional copies $2.00 each.

- Individualized Education Programs (1990, updated 1994)
  This publication provides substantial guidance regarding the legal requirements for developing a student's IEP. It is a verbatim reprinting of (a) a section of the federal regulations that talks specifically about IEPs, and (b) Appendix C to the IDEA, issued by the Department of Education, which is a series of questions and answers that relate to federal regulations regarding the IDEA.
  24 pages. First copy free. Additional copies $2.00 each.

- Resources for Adults with Disabilities (1993, updated 1994)
  This publication was developed to respond to many of the questions that we receive concerning adults with disabilities. It provides some resources to help adults with disabilities identify organizations and agencies designed to assist with their specific concerns and needs, such as employment, postsecondary education, recreation, independent living, and assistive technology.
  14 pages. $2.00.

- NICHCY Complete Set of Publications (English)
  This package contains a single copy of each of NICHCY's English publications and one State Resource Sheet of your choice. $65.00.

- NICHCY Complete Set of Publications (Spanish)
  This package contains a single copy of each NICHCY publication available in Spanish, plus one State Resource Sheet of your choice. $6.00.

- NICHCY Complete Set of Publications (English and Spanish)
  This package contains a single copy of each NICHCY publication, both in English and the available Spanish versions, plus one State Resource Sheet of your choice. $70.00.

■ **NICHCY Mini-Posters** (1996)

These mini-posters from NICHCY not only contain our contact information, but will also brighten up any office with their rainbow of colors. 8" x 11". Free of charge.

- Puzzle Poster
- Zebra Poster
- Open Door Poster

National Institute of Mental Health (NIMH)

The National Institute of Mental Health (NIMH) conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services. NIMH is a part of the National Institutes of Health (NIH), the principal biomedical and behavioral research agency of the United States Government. NIH is a component of the U.S. Department of Health and Human Services. NIMH is dedicated to improving the mental health of the American people; fostering better understanding, diagnosis, treatment, and rehabilitation of mental and brain disorders; and preventing mental illness.

NIMH offers a variety of publications to help the general public gain a better understanding of mental disorders. The following publications offer an array of information, written in easy-to-understand language, on mental health and mental disorders. Most of the publications are free and can be downloaded from their website, as well.

Contact: NIMH Information Resources and Public Inquiries
5600 Fishers Lane, Rm 7C-02
Rockville, MD 20857
Ph: 301-443-4513
Fax: 301-443-4279
Website: http://www.nimh.nih.gov/publicat/

Topics include:

- ***Information on Specific Mental Disorders, Their Diagnosis and Treatment***

  You will find discussions of symptoms, diagnosis, and treatment, as well as information on how and where to find help. Also discussed is research that is yielding information about the causes of mental disorders and hope for the future through the development of new therapies.

  These materials are in the public domain and can be downloaded, reproduced, or copied without permission. Citation of the source is always appreciated.

  - Anxiety Disorders
  - Obsessive-Compulsive Disorder
  - Panic Disorder
  - Getting Treatment for Panic Disorder
  - Panic Disorder Treatment and Refererral
  - Understanding Panic Disorder
  - Depression
  - Bipolar Disorder
  - Depression: Effective Treatments Are Available
  - If You're Over 65 and Feeling Depressed
  - Lets Talk About Depression
  - Plain Talk About Depression
  - Alzheimer's Disease
  - Attention Deficit Hyperactivity Disorder
  - Eating Disorders
  - Learning Disabilities
  - Medications
  - Schizophrenia Q & A
  - You Are Not Alone

- ***Publicaciones en Espanol** (Publications in Spanish)*

  - Trastornos de Ansiedad (Anxiety Disorder)
  - Trastorno de Panico (Panic Disorder)

- ***Mental Illness in America***

■ *Depression Awareness, Recognition, and Treatment Program (D/ART)*

D/ART is a national campaign to educate the public, primary care providers, and mental health specialists about depressive illness -- their symptoms, diagnosis, and treatments. Based on 40 years of scientific research, D/ART is a major public/private enterprise to benefit the mental health of American people. D/ART collaborates extensively with more than 100 voluntary organizations, state mental health agencies, and professional and business groups. D/ART continues to collaborate with the Washington Business Group on Health on a worksite program emphasizing the cost-effectiveness of treatment for depression. For free brochures on depression and its treatment, call *1-800-421-4211.*

The list of publications include:

- D/ART Facts
- General Depression Facts
- Helpful Facts on Depression
- Plain Talk about Depression
- Effective Treatments
- Co-occurrence with Medical Conditions
- Co-occurrence often Unrecognized
- Women and Depression
- Students and Depression
- Elderly and Depression
- Bipolar Disorder
- Suicide Facts

■ *Panic Disorder Education Program*

The NIMH Panic Disorder Education Program, which targets the public and medical and mental health professionals, is designed to raise awareness that panic disorder is a real illness that is common, serious and treatable. For more information about this program, call *180064PANIC* .

As part of the Panic Disorder Education Program, NIMH produces Public Service Announcements (PSAs) for television, radio and print media. They include:

- "Train"
  This 30-second television PSA, which features an oncoming train, communicates to the viewer some of the sensations and feelings experienced by people who suffer from panic attacks, conveys the information that panic disorder is a real, treatable disorder, and encourages the viewer to call 1-800-64PANIC for more information. The "train" PSA was also produced in Spanish. This can also be viewed at the NIMH website.

- Print PSAs
  The second campaign features people who suffer from panic disorder, describes their symptoms and how the disorder adversely affects their quality of life, and conveys the information that panic disorder is real and treatable.

National Library of Education

This site is the federal government's principal source for information and referrals on education. Its purpose is to ensure the improvement of educational achievement at all levels through the collection, preservation, and effective use of research. This site includes interlibrary loan services, publications, bibliographies.

NLE publications regularly include a quarterly newsletter, a series on advances in education research, an annual report, fact sheets, monographs, brochures, booklets, posters, bookmarks, videos, and many publications from the Educational Resources Information Center (ERIC) including Resources in Education, Current Index to Journals in Education(CIJE), and parent brochures.

Contact: U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education
555 New Jersey Avenue N.W.
Washington, DC 20208-5721
Ph: 800/424-1616; 202/219-1692 (Washington, D.C. area)
Fax: 202/219-1696
Website: http://www.ed.gov/

Some of their publications include:

■ ***Learning Partner* booklets on helping children learn.**
These give parents ideas for helping their child strengthen various academic and school-related skills. A two-page sheet has also been created from each booklet listing things families can do at home and describing a few home activities. (The Learning Partner sheets are free). The following titles are available:

- Being Responsible!
- Get to School Safely!
- Let's Be Healthy!
- Let's Do Geography!
- Let's Do History!
- Let's Do Math!*
- Let's Do Science!*
- Let's Get Ready for School!
- Let's Read!*
- Let's Succeed in School!
- Let's Use the Library!
- Let's Use TV!
- Let's Write!*
- Let's Do Art!

(* Also available in Spanish).

■ **Helping Your Child Series**

These are popular pamphlets and brochures designed to address parents' concerns about their children's education.

- Helping Your Child Learn Math
- Helping Your Child Learn to Read
- Helping Your Child Learn History
- Helping Your Child Get Ready for School
- Help Your Child Improve in Test Taking
- Help Your Child Learn to Write Well
- Helping Your Child Use the Library
- Cómo ayudar a sus hijos a usar la biblioteca
- Helping Your Child Learn Geography
- Helping Your Child Learn Science
- Cómo ayudar a sus hijos a aprender ciencia
- Helping Your Child Learn Responsible Behavior
- Helping Your Child With Homework
- Helping Your Child Succeed in School

National Maternal and Child Health Clearinghouse

The Clearinghouse is funded by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). It disseminates state-of-the-art information about maternal and child health in response to requests from Federal, State, and local agencies; educators; health professionals; policy makers and program planners; researchers; voluntary organizations; and the general public. In addition to publications for professionals, the Clearinghouse offers patient education materials in English and in the following other languages: Cambodian, Chinese, Haitian Creole, Korean, Laotian, Samoan, Spanish, Tagalog, Thai and Vietnamese. The Maternal and Child Health Publications catalog can be viewed through MCH-Netlink on their website.

Contact: 2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
Ph: (703) 821-8955
Fax: (703) 821-2098
Website: http://www.ichp.ufl.edu/
A list of their publications is as follows:

■ ***Child and Adolescent Health***

- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents - Brochure (*National Center for Education in Maternal and Child Health.* 1995).
  Consists of comprehensive health supervision guidelines for health and education professionals who confront the "new morbidities" that challenge children, adolescents, families, and communities.

- Sources of Consumer Health Information: Bibliography of Selections from the NCEMCH Reference Collection and Database of Organizations, June 1995 (*National Center for Education in Maternal and Child Health.* 1995).
  This bibliography lists directories, resource guides and source books of consumer health information, including foreign language material, and is organized into eight categories including general; chronic illnesses/disabling conditions; cultural diversity; infant and child health; injury/ violence prevention; nutrition; sexuality education; and women's health. This item also includes organizations that provide consumer education materials; $5.00.

- Promoting Mental Health in Early Child Care Settings - Proceedings of the Second Annual UCLA National Conference on Preventive Psychiatry, 1988 (*University of California at Los Angeles.* 1989).

- Children's Safety Network: A Resource for Child and Adolescent Injury and Violence Prevention - Brochure (*National Center in Maternal and Child Health.* 1995).

- Consortium of Clearinghouses on Child Abuse and Neglect, Second Edition (*National Clearinghouse on Child Abuse and Neglect Information.* 1994).

- Responding to Child Abuse and Neglect: A Continuing Challenge (*University of Pittsburgh School of Public Health.* 1993).

- Violence: The Impact of Community Violence on African American Children and Families (*National Center for Education in Maternal and Child Health.* 1992).
  This document summarizes a conference co-sponsored by the MCHB and the Child and Adolescent Service System Program (formerly part of the National Institute of Mental Health) and explores how various systems could develop common understandings of the problem and strategies for collaboration; $9.50 with bulk prices available.

- Building Safe Communities: State and Local Strategies for Preventing Injury and Violence (*Children's Safety Network.* 1994).

  This document details case studies of projects that have developed successful strategies in communities working to reduce violence and injuries.

- Adolescent Health Fact Sheets (*National Adolescent Health Information Center.* In press).

- Adolescent Maltreatment (Technical Information Bulletin) (*National Center for Education in Maternal and Child Health.* In press).

- Homeless Pregnant and Parenting Adolescents: Service Delivery Strategies (*National Center for Education in Maternal and Child Health.* 1991).

■ *Children with Special Health Needs*

- Blueprint for a Needs Assessment: Contributing to a System of Care for Children with Special Needs & Their Families - A Technical Resource Brief (*Johns Hopkins University.* 1995).

- Children with Special Health Needs: Bibliography of Selections from the NCEMCH Reference Collection and Database of Organizations (*National Center for Education in Maternal and Child Health.* In press).

  This bibliography lists recent publications on the needs of children with disabilities and chronic conditions and related programs and services. This item also describes organizations that provide information and services related to children with special health needs; $5.00.

- Needs Assessment for Improved Systems of Care: Focus on Children with Special Health Needs (*National Center for Education in Maternal and Child Health.* 1994).

- Essential Allies: Families as Advisors (*Institute for Family-Centered Care.* 1995).

- Family Centered, Community-Based Coordinated Care for Children with Special Health Care Needs (*American Academy of Pediatrics.* 1989).

- Guidelines for Social Workers: Improving Health Care for Children with Chronic Conditions (*University of Iowa.* 1987).

- Promoting Resilience in Youth with Chronic Conditions and Their Families (*National Center for Youth with Disabilities.* In press).

- Resource Guide on Peer Support Training (*Alliance of Genetic Support Groups.* 1990).

■ *Maternal and Child Health Programs and Services*

- Linkages: Continuity of Care for At-Risk Infants and Their Families (*Zero to Three.* 1988).

- Standards of Nursing Practice for the Care of Children and Adolescents with Special Health and Developmental Needs (*University of Kentucky.* 1994).

National Runaway Switchboard (NRS)

NRS is a not-for-profit volunteer organization dedicated and committed to helping youth at-risk through around-the-clock telephone switchboard availability and services. They provide crisis intervention, referrals, and youth advocacy. To assist these young people, the switchboard services are designed to provide a non-judgmental and non-directive support structure. This communication model of active listening guides volunteers to: establish rapport and develop trust with all callers; help the caller explore the facts and their feelings associated with the problem; help the caller identify the problem and focus on key issues; assist the caller in exploring available options; and help the caller develop a plan of action.

Additional switchboard services include: conference calls to parents; message delivery from runaways to their parents or guardians; and conference calls to shelters or other agencies to confirm appropriate and available services. All services are absolutely confidential. Their telephone lines are toll-free and operate 365 days a year.

Contact: Information Department
3080 N. Lincoln Avenue
Chicago, IL 60657
Ph: 773/880-9860
Fax: 773/929-5150

NRS has the following materials:

- 8x11 posters
- 12x15 posters with tear-off pads
- brochures
- "We're Here to Help" wallet cards
- bumper sticker
- phone stickers
- buttons (contain toll-free referral numbers)
- Runaway Education Program
  Consists of a prevention curriculum guide, video and promotional materials that are meant to make youths more aware of the issues on the street and hopefully change some lives for the better.

* These materials are available for free.

National Technical Assistance Center for Children's Mental Health

The National Technical Assistance Center for Children's Mental Health, formerly the CASSP Technical Assistance Center, assists states and communities in developing a system of care for children with, or at risk for, serious emotional or behavioral disorders and their families. Special areas of emphasis include: family involvement, interagency collaboration, financing, cultural competence, early intervention, and outreach. The center operates a resource data bank of practical tools, best practices, national experts; offers a World Wide Web site (http://www.dml.georgetown.edu/depts/pediatrics/gucdc/index.html/) and publication list; facilitates peer consultation; and sponsors a bi-annual training institute. It is funded through a cooperative agreement among the Maternal and Child Health Bureau of HRSA, the Center for Mental Health Services of SAMHSA, and the Administration for Children, Youth, and Families, U.S. DHHS.

Contact: Georgetown University - Child Development Center
3307 M Street, N.W., Fourth Floor
Washington, DC 20007-3935
Ph: (202) 687-5000
Fax: (202) 687-8899; Email: gucdc@medlib.georgetown.edu
Website: http://www.dml.georgetown.edu/depts/pediatrics/gucdc/index.html/

A list of technical assistance documents available includes:

- ***System of Care/CASSP***
- Lessons Learned from the Fort Bragg Demonstration: An Overview, 1996 (by Sheila Pires)
- Systematic Approaches to Mental Health Care in the Private Sector for Children, Adolescents, and Their Families: Managed Care Organizations and Service Providers, 1996 (by Ira S. Lourie, S.W. Howe, and Linda L. Roebuck)
- Families at the Center of the Development of a System of Care, 1996 (by Naomi Tannen)
- Managed Care and Children's Mental Health: Summary of the May, 1995 State Managed Care Meeting, 1996 (by Beth Stroul)
- Resources for Staffing Systems of Care for Children with Emotional Disoders and Their Families, 1995 (by Sheila Pires)
- Principles of Local System Development for Children, Adolescents and Their Families, 1994 (By Ira S. Lourie)
- Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?, 1993 (by Beth A. Stroul)
- One Kid at a Time: Evaluative Case Studies and Description of the Alaska Youth Initiative
- Demonstration Project, 1993 (by J. Burchard, S. Burchard, R. Sewell & J. VanDenBerg)
- Profiles of Local Systems of Care for Children and Adolescents with Severe Emotional Disturbances, 1992 (by B. Stroul, I.S. Lourie, S.K. Goldman, & J. Katz-Leavy)
- Individualized Services in a System of Care, 1992 (by J. Katz-Leavy, I.S. Lourie, B. Stroul & C. Zeigler-Dendy)
- State Child Mental Health Planning, 1991 (by Sheila Pires).
- Sizing Components of Care: An Approach to Determining the Size and Cost of Service Components in a System of Care for Children and Adolescents with Serious Emotional Disturbances, 1990 (by S. Pires)
- Final Repport, The CASSP Initial Cohort Study, Volume I: Cross-Site Findings, 1990 (by W.E. Schlenger, R.M. Etheridge, D.J. Hansen & D.W. Fairbank)
- Series on Community-Based Services for Children and Adolescents Who Are Severely Emotionally Disturbed, Volume I: Home-Based Services, 1988 (by B. Stroul)
- Series on Community-Based Services for Children and Adolescents Who Are Severely Emotionally Disturbed, Volume II: Home-Based Services, 1988 (by B. Stroul)
- Series on Community-Based Services for Children and Adolescents Who Are Severely Emotionally Disturbed, Volume III: Therapeutic Foster Care, 1989 (by B. Stroul)

- ***Child Welfare***
- International Child Welfare Systems -- Report of a Workshop, 1995 (by Sheila Pires)
- Child Welfare, Children's Mental Health, and Families: A Partnership for Action, 1994 (by Joint Initiative among Families, The American Public Welfare Association, and the National Association of State Mental Health Program Directors)

- ***Cultural Competence***
- The State-of-the States: Responses to Cultural Competence and Diversity in Child Mental Health (by M. I. Shockley)
- Effective Collaboration As the Key to Understanding and Reducing Youth Violence: A Mental Health Perspective, 1996 (by M.P. Benjamin)
- Child and Adolescent Service System Program Minority Initiative Research Monograph, 1993 (by M.P. Benjamin)
- Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed: Volume I, 1989 (by T.L. Cross, B.J. Bazron, K.W. Dennis, & M.R. Isaacs)
- Towards a Culturally Competent System of Care: Programs Which Utilize Culturally Competent Principles: Volume II, 1991 (by M.R. Isaacs & M.P. Benjamin)
- Refugee Children Traumatized by War and Violence: The Challenge Offered to the Service Delivery System, 1989 (by M. Benjamin & P. Morgan)
- Developing Mental Health Programs for Minority Youth and Their Families, 1986 (by M. Isaacs)

- ***Families***
- A Guide for Developing Self-Help/Advocacy Groups for Parents of Children with Serious Emotional Problems, 1987 (by R. Donner & G. Fine)

- ***Infants and Toddlers***
- Mental Health Services for Infants and Toddlers: A Three State Perspective on the Implementation of Part H of P.L. 99-457, The Education of the Handicapped Act Amendments of 1986 [1989] (by J. Martner & P. Magrab)
- Sensitivities, Skills and Services: 99-457, The Education of the Handicapped Act Amendments of 1986, 1988 (by E. Schrag)

- ***High Risk***
- The Streetwork Outreach Training Manual, 1993 (by T. Able-Peterson & J. Bucy)
- On Their Own: Runaway and Homeless Youth and Programs That Serve Them, 1991 (by S. Pires & J. Tolmach-Silber)
- Community Care for Homeless Families: A Program Design Manual, 1990 (by E. Bassuk, R. Carman, & L. Weinreb)
- Creative Sources of Funding for Programs for Homeless Families, 1990 (by D. Siemon)
- Troubled Adolescents and HIV Infection: Issues in Prevention and Treatment, 1989 (by J. Woodruff, D. Doherty, & J. Athey)
- Serving HIV-Infected Children, Youth and Their Families: A Guide for Residential Group Care Providers, 1989 (by Subcommittee for Residential Group Care Providers, Child Welfare League of America, Task Force on Children and HIV-Infection, in collaboration with the CASSP Technical Assistance Center and the Child and Family Support Branch of the National Institute of Mental Health)
- Collaborative Interagency Finance Workshops, 1993 (by D. Doherty, D. Kates, & T. Grant)
- Using Medicaid to Increase Funding for Home and Community-Based Mental Health Services for Children and Youth with Severe Emotional Disturbances, 1988 (by S. Williams)

- ***Research***
- Summary of Proceedings of the CASSP Technical Assistance Research Meeting, 1990 (by B. Stroul)

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Office of Juvenile Justice and Delinquency Prevention (OJJDP)

OJJDP's mission is to provide national leadership, coordination, and resources to develop, implement, and support effective methods to prevent juvenile victimization and respond appropriately to juvenile delinquency. This is accomplished through prevention programs and a juvenile justice system that protect the public safety, hold juvenile offenders accountable, and provide treatment and rehabilitative services based on the needs of each individual juvenile.

OJJDP established the Juvenile Justice Clearinghouse (JJC) in 1979 as a component of the National Criminal Justice Reference Service (NCJRS). JJC is a comprehensive information resource that assists juvenile justice professionals in meeting the challenges presented by today's diverse issues. JJC coordinates the distribution of OJJDP publications and disseminates information about agency-sponsored research, training, and program initiatives. A team of juvenile justiceinformation specialists is available to respond to inquiries by providing information, publications, and referrals. JJC also offers access to the NCJRS library, the world's most comprehensive source of criminal justice and juvenile justice literature, and to NCJRS online services, computerized methods of obtaining timely information from OJJDP and the juvenile justice field. Most publications listed in this publications list are available online. To speak with a juvenile justice information specialist, or to obtain information on available JJC resources and services, write, call, or e-mail

Contact: P.O. Box 6000
Rockville, MD 20849-6000
Ph: 800/638-8736
E-mail: askncjrs@ncjrs.org
Website: http://www.ncjrs.org/ojjhome.htm

OJJDP's publications include:

- ***Fact Sheets***

- General Resources
  - 1992 Juvenile Arrests
  - Adolescent Motherhood: Implications for the Juvenile Justice System
  - Balanced and Restorative Justice (BARJ) Project
  - Delinquency Development Statements for Fiscal Year 1995
  - Information Sharing and the Family Educational Rights and Privacy Act
  - Introduction to the Office of Juvenile Justice and Delinquency Prevention
  - The JJDP Act Mandates: Rationale and Summary
  - Juvenile Arrest 1995 (Bulletin)
  - Juvenile Delinquency Development Statement: A Report on Federal Programs
  - Juvenile Firesetting and Arson
  - Meeting the Mandates
  - Serious, Violent, and Chronic Juvenile Offenders: A Comprehensive Strategy
  - Serious Habitual Offender Comprehensive Action Program Corrections
  - Children in Custody 1991: Private Facilities
  - Children in Custody 1991: Public Facilities
  - Conditions of Confinement in Juvenile Detention and Correctional Facilities

  - Disproportionate Minority Confinement
  - Juvenile Admissions to State Custody, 1993
  - Training of Staff in Juvenile Detention and Correctional Facilities
  - YES: Youth Environmental Services Initiative

- Courts

  - Delinquency Cases in Juvenile Courts, 1994
  - Delinquency Cases in Juvenile Court, 1992
  - Delinquency Cases in Juvenile Court, 1991
  - Due Process Advocacy
  - A Guide to Implementing Teen Courts
  - Person Offense Cases in Juvenile Court
  - Person Offenses in Juvenile Court, 1985 -1994
  - Delinquency Prevention
  - Family Strengthening for High Risk Youth
    What Works Program Directory Fact Sheet

- Gangs

  - National Youth Gang Center
  - Victimization
  - Are Juveniles Driving the Violent Crime Trend?
  - Hate Crime
  - Juvenile Victimization: 1987-1992
  - National Center for Missing and Exploited Children
  - Parental Kidnapping
  - Violent Crimes Cleared by Juvenile Arrests
  - Violent Families and Youth Violence
  - VOCA: Helping Victims of Child Abuse

- ***Delinquency Prevention***

- Combating Violence and Delinquency: TheNational Juvenile Justice Action Plan (Summary). 1996. 36 pp. NCJ 157105. FREE.
  Summarizes innovative and effective strategies designed to reduce juvenile violence and victimization which were developed by the Coordinating Council on Juvenile Justice and Delinquency Prevention. Identifies eight key objectives that individuals, communities, States, and the Federal Government can support to bring about positive change. (The complete report of Combating Violence and Delinquency: The National Juvenile Justice Action Plan is also available.)

- Combating Violence and Delinquency: The National Juvenile Justice Action Plan (Report). 1996. 200 pp. NCJ 157106. FREE.
  Provides a framework for the fight against juvenile violence by identifying eight objectives that can be supported by activity at the individual, community, State, and Federal levels. Developed by the Coordinating Council on Juvenile Justice and Delinquency Prevention, this report describes how communities can generate solutions and how individuals and groups can reduce or prevent violence on their blocks, in public housing units, or in neighborhoods. Information about Federal training, technical assistance, grants, research, and other resources that support these efforts is also provided. (A summary of Combating Violence and Delinquency: The National Juvenile Justice Action Plan is also available.)

BEST COPY AVAILABLE

- Delinquency Prevention Works (Program Summary). 1995. 74 pp. NCJ 155006. FREE.
  Provides a synthesis of the most current information on programs and strategies which seek to prevent delinquency. The research and evaluations in this publication are designed to assist States and jurisdictions in their prevention efforts.

- Education in the Law: Promoting Citizenship in the Schools (Update on Programs). 1990. 5 pp. NCJ 125548. FREE.
  Describes OJJDP's Law-Related Education program, a law education curriculum for elementary through high school students.

- Family Life, Delinquency, and Crime: A Policymaker's Guide (Research Summary). 1994. 65 pp. NCJ 140517. FREE.
  Describes how parental supervision and other aspects of family life may prevent delinquency, and how the absence of parental involvement and negative parental influences may promote its development.

- Family Strengthening in Preventing Delinquency-A Literature Review. 1994. 76 pp. NCJ 150222. $13.00 (U.S.), $17.50 (Canada and other countries).
  Examines literature on family structure and its relationship to the development of delinquency in youth. Also reviews family strengthening approaches and models and the current status of family strengthening programming.

- Juvenile Delinquency Development Statements: A Report on Federal Programs. 1995. 352 pp. NCJ 150712. $22.50 (U.S.), $27.50 (Canada), $40.50 (other countries).
  Provides a comprehensive look at the missions and activities of 20 Federal agencies (forFiscal Years 1990 through 1992) as they relate to juvenile delinquency prevention, treatment, diversion, rehabilitation, education, planning, training and technical assistance, and research. Federal involvement in addressing serious juvenile crime, drug and alcohol abuse, gang membership, and child victimization is also described.

- Matrix of Community-Based Initiatives (Program Summary). 1995. 51 pp. NCJ 154816. FREE.
  Presents, in narrative and graph format, a collection of major public and private comprehensive community-based violence prevention and economic development initiatives that can assist in delinquency prevention efforts.

- Mobilizing Community Support for Law-Related Education. 1989. 43 pp. NCJ 118217. $10.50 (U.S.), $15.00 (Canada), $15.50 (other countries).
  Offers practical ideas for involving community members, specifically attorneys, in school-based, law-related education programs.

- OJJDP and Boys and Girls Clubs of America: Public Housing and High-Risk Youth (Update on Programs). 1991. 5 pp. NCJ 128412. FREE.
  Describes successful delinquency prevention initiatives developed and implemented by OJJDP and the Boys and Girls Clubs of America, including Targeted Outreach, SMART Moves, and the Drug Demand Reduction Program.

- Preventing Crime and Promoting Responsibility: 50 Programs That Help Communities Help Their Youth. 1995. 96 pp. NCJ 158622. FREE.
  Presents a planning process, selected programs, and resources to assist community efforts in preventing youth crime and violence.

- Strengthening America's Families: Promising Parenting Strategies for Delinquency Prevention User's Guide. 1993. 105 pp. NCJ 140781. $13.00 (U.S.), $17.50 (Canada and other countries).
  Guides program planners, policymakers, and service providers in determining effective family-focused and parenting intervention strategies for high-risk youth and families.

- What Works: Promising Interventions in Juvenile Justice (Program Report). 1994. 248 pp. NCJ 150858. $19.00 (U.S.), $23.50 (Canada), $30.00 (other countries).
  Contains descriptions of more than 400 juvenile delinquency prevention and treatment programs throughout the United States. Also includes contact persons for programs characterized as successful by professionals in the field.

- ***Missing and Exploited Children***

- Addressing Confidentiality of Records in Searches for Missing Children (Final Report). 1995. 284 pp. NCJ 155183. $15.00 (U.S.), $19.50 (Canada and other countries).
  Assesses and makes recommendations regarding access by law enforcement in missing children cases to the records held by schools, hospitals, child welfare agencies, and various shelters. Also includes a State-by-State breakdown of the various legal restraints on and requirements for the release of agency record information.

- America's Missing and Exploited Children-Their Safety and Their Future. 1986. 39 pp. NCJ 100581. FREE.
  Presents the nature and scope of the problem of America's missing children, examines what families and government can do, and offers recommendations for addressing the problem.

- Child Abuse: Prelude to Delinquency? 1985. 75 pp. NCJ 104275. $10.50 (U.S.), $15.00 (Canada), $15.50 (other countries).
  Examines and synthesizes empirical research on the link between child abuse and juvenil delinquency and offers recommendations for policy and future research.

- Child Victimizers: Violent Offenders and Their Victims 1996. 28 pp. NCJ 153258. FREE.
  Jointly published by the Bureau of Justice Statistics (BJS) and OJJDP, this report highlights the findings of research on the most serious types of child abuse and victimization-those offenses for which a term of imprisonment was imposed or in which the child was murdered. Examines the characteristics of the offenses, the offenders, and the victims involved. A seven page bulletin (NCJ 158625) is also available.

- The Compendium of the North American Symposium on International Child Abduction: How to Handle International Child Abduction Cases. 1993. 928 pp. NCJ 148137. $17.50 (U.S.), $75.00 (Canada and other countries).
  Contains comprehensive resource materials on the Hague Child Abduction Convention and other remedies for international child abduction cases, presented at the North American Symposium on International Child Abduction in 1993. Also includes four diskettes of applicable case law.

- Missing, Abducted, Runaway, and Thrownaway Children in America, First Report: Numbers and Characteristics, National Incidence Studies. 1990. 251 pp. NCJ 123668. $14.40 (U.S.), $17.20 (Canada), $24.60 (other countries).

  Discusses the background, methodology, and findings from the 1988 National IncidenceStudies of Missing, Abducted, Runaway, and Thrownaway Children (NISMART), which provided the first reliable estimates of the incidence of five categories of missing children. Presents recommendations for future research and discusses policy implications.

- Missing Children: Found Facts (Juvenile Justice Bulletin). 1990. 4 pp. NCJ 130916. FREE.
  Describes the background, methodology, and major findings of the 1988 NISMART report.

- Obstacles to the Recovery and Return of Parentally Abducted Children (Full Report). 1993. 877 pp. NCJ 144535. $28.00 (U.S.), $33.50 (Canada), $52.50 (other countries).
  Presents research results identifying the legal, policy, procedural, and practical obstacles to the location, recovery, and return of parentally abducted children and includes recommendations to help overcome or reduce these obstacles.

- Obstacles to the Recovery and Return of Parentally Abducted Children (Research Summary). 1994. 21 pp. NCJ 143458. FREE.
  Outlines civil and criminal justice responses to the problem of parental abductions, including recommendations for further action by congressional and State officials, juvenile justice professionals, citizens, and other interested groups.

- OJJDP Annual Report on Missing Children, 1990. 1990. 102 pp. NCJ 130582. FREE.
  Summarizes OJJDP initiatives funded during Fiscal Year 1990 regarding missing and exploited children. 1989 and 1988 Annual Reports are also available.

- Parental Abductors: Four Interviews (Video, VHS format). 1993. 43 minutes. NCJ 147866. $12.50 (U.S.), $19.00 (Canada), $22.00 (other countries).
  Features interviews with four parenta abductors who discuss motives for abducting their children, their experiences while in hiding, and the consequences of their actions.

- Sexual Exploitation of Missing Children: A Research Review. 1988. 48 pp. NCJ 114273. FREE. Limited quantity available.
  Evaluates current knowledge about the prevalence, dynamics, and effects of sexual exploitation among missing children.

- Stranger Abduction Homicides of Children (Juvenile Justice Bulletin). 1989. 6 pp. NCJ 115213. FREE.
  Analyzes 9 years of FBI homicide data and presents estimates of the number of children abducted and murdered in the United States each year.

- Using Agency Records To Find Missing Children: A Guide for Law Enforcement (Program Summary). 1996. 20 pp. NCJ 154633. FREE.
  Provides information and ideas designed to assist law enforcement officers in obtaining and using records from various human service providers in order to locate missing children. Both mandated and voluntary access to records from schools, medical care providers, child welfare agencies, and various shelters are discussed.

■ *Status Offenders*

- Assessing the Effects of the Deinstitutionalization of Status Offenders (Update on Research). 1989. 4 pp. NCJ 115211. FREE
  Summarizes research findings that evaluated the deinstitutionalization of status offenders to determine its effects on juveniles, their parents, youth-serving agencies, and the juvenile justice system.

- Curfew: An Answer to Juvenile Delinquency and Victimization? (Juvenile Justice Bulletin). 1996. 11 pp. NCJ 159533. FREE.
  Provides an overview of the legal challenges to curfew and presents profiles of seven jurisdictions with comprehensive curfew enforcement programs that both address the factors that place these youth at risk for delinquency and victimization and promote the development of healthy behavior. Supplemental readings and resources on juvenile curfew are also provided.

- Runaways in Juvenile Court (Update on Statistics). 1990. 7 pp. NCJ 124881. FREE.
  Analyzes juvenile court runaway records by rate of referral, demographics, disposition, and use of detention.

- Unlocking the Doors for Status Offenders: The State of the States. 1995. 85 pp. NCJ 160803. $16.50 (U.S.), $20.00 (Canada and other countries)
  Commemorates the 20th anniversary of the Juvenile Justice and Delinquency Prevention (JJDP) Act and examines States' progress toward achieving the deinstitutionalization requirement. Provides insight into the history, current status, accomplishments, and outstanding challenges of the JJDP Act.

■ *Law Enforcement*

- Drug Recognition Techniques: A Training Program for Juvenile Justice Professionals (Update on Programs). 1990. 4 pp. NCJ 128795. FREE.
  Discusses OJJDP-sponsored training programs that teach juvenile justice professionals how to recognize when youth are under the influence of drugs or alcohol.

- Evaluation of the Habitual, Serious, and Violent Juvenile Offender Program, Executive Summary. 1986. 13 pp. NCJ 105230. FREE. Limited quantity available.
  Reports preliminary findings from an evaluation of the Habitual, Serious, and Violent Juvenile Offender Program (HSVJOP). HSVJOP identifies, selectively prosecutes, and enhances treatment for serious juvenile offenders.

- Innovative Law Enforcement Training Programs: Meeting State and Local Needs (Juvenile Justice Bulletin). 1991. 4 pp. NCJ 131735. FREE.
  Describes several training programs offered by OJJDP designed to help law enforcement agencies improve their juvenile operations and services.

- Investigator's Guide to Missing Child Cases: For Law Enforcement Officers Locating Missing Children. 1987. 43 pp. NCJ 108768. FREE. Limited quantity available.
  Describes the investigative process required for missing child cases, provides instructions for entering information about missing children into the National Crime Information Center's computerized system, and offers suggestions for forming police-social worker teams to investigate missing and exploited children cases.

- Law Enforcement Custody of Juveniles (Video, VHS format). 1992. 31 minutes. NCJ 137387. $13.50 (U.S.), $14.50 (Canada), $19.50 (other countries).
  Depicts common scenarios that require decisions about when and how to temporarily hold both delinquent and nondelinquent offenders. Each video is accompanied by a training guide; single copies of the guide are available by calling or writing JJC.

- Law Enforcement Policies and Practices Regarding Missing Children and Homeless Youth (Research Summary). 1993. 25 pp. NCJ 145644. FREE.
  Summarizes major findings of OJJDP's National Study of Law Enforcement Policies and Practices Regarding Missing Children and Homeless Youth, including recommendations for improving police response.

- Law Enforcement Policies and Practices Regarding Missing Children and Homeless Youth (Full Report). 1993. 217 pp. NCJ 143397. $13.00 (U.S.), $15.10 (Canada), $20.80 (other countries).
  Describes the background, methodology, major findings, and recommendations of the OJJDP-sponsored research project on runaway, thrownaway, family abduction, and non-family abduction cases known to police. Police response, factors associated with that response, and parent/caretaker satisfaction are also discussed.

- Missing and Abducted Children: A Law Enforcement Guide to Case Investigation and Program Management. 1994. 220 pp. NCJ 151268. FREE. Limited quantity available.
  Provides guidance to law enforcement officers investigating family abductions, abductions by non-family members, and runaway children. Also contains information on general investigative techniques, crisis media relations, investigative resources, management issues, and testifying in court.

- Targeting Serious Juvenile Offenders Can Make a Difference (Update on Research). 1988. 5 pp. NCJ 114218. FREE.
  Highlights key findings of an evaluation of the Habitual Serious and Violent Juvenile Offender Program (HSVJOP), which identifies, selectively prosecutes, and enhances treatment for serious, habitual juvenile offenders.

- ***Courts***

- The Child Victim as a Witness (Research Report). 1994. 143 pp. NCJ 149172. FREE.
  Presents information on the impact of court procedures on child victims and examines promising strategies designed to reduce the level of trauma they experience.

- Court Careers of Juvenile Offenders. 1988. 87 pp. NCJ 110854. $13.00 (U.S.), $17.50 (Canada and other countries).
  Describes the prevalence, content, and structure of juvenile court careers for 70,000 youths born between 1962 and 1965.

- Helping Victims and Witnesses in the Juvenile Justice System: A Program Handbook. 1991. 282 pp. NCJ 139731. $15.00 (U.S.), $19.50 (Canada and other countries).
  Offers guidance in establishing and operating victim/witness assistance programs in the juvenile justice system. Identifies modelprograms and provides resources for additional information.

- How Juveniles Get to Criminal Court (Update on Statistics). 1994. 5 pp. NCJ 150309. FREE.
  Presents statistics on the number of juveniles transferred to adult criminal court through judicial waiver, prosecutorial discretion, and statutory exclusion.

- Juvenile Court Property Cases (Update on Statistics). 1990. 5 pp. NCJ 125625. FREE.
  Analyzes property offense referrals to juvenile courts by nature of offense, disposition, and offender characteristics.

- Juvenile Court Statistics 1992 (Statistics Report). 1995. 93 pp. NCJ 154168. FREE.
  Presents national estimates of 1992 juvenile court activity. Detailed tables and figures provide information on offense and offende characteristics, dispositions, and the use of detention. Limited copies of Juvenile Court Statistics 1991 are also available.

- Offenders in Juvenile Court, 1993 (Update on Statistics). 1996. 12 pp. NCJ 160945. FREE.

  Profiles delinquency and status offense cases handled in juvenile court in 1993. Provides a comparison between 1989 and 1993 juvenile court statistics. Offenders in Juvenile Court for 1990, 1991, and 1992 are also available.

▪ *Gangs*

- Gang Suppression and Intervention: An Assessment. 1991. 197 pp. NCJ 146494. $19.00 (U.S.), $23.50 (Canada and other countries).

  Provides an extensive review of the research literature available on the youth gang phenomenon and contains a summary and conclusions regarding the nature of the problem, promising intervention strategies, and possible courses for further research.

- Gang Suppression and Intervention: Community Models (Research Summary). 1994. 26 pp. NCJ 148202. FREE.

  Presents a framework for creating promisin approaches for reducing the problem of youth gangs. Applies to both chronic and emerging gang problems. Looks at the roles of the family, community, schools, police, court, and corrections in addressing the gang problem.

- Gang Suppression and Intervention: Problem and Response (Research Summary). 1994. 21 pp. NCJ 149629. FREE.

  Provides initial findings from research on the youth gang problem. Describes a range of institutional responses and presents recommendations for promising approaches, policies, and programs.

- Rising Above Gangs and Drugs: How to Start a Community Reclamation Project. 1995 (third printing). 266 pp. NCJ 133522. FREE.

  Provides step-by-step guidance on how to develop an effective gang and drug prevention program by coordinating the activities of law enforcement, schools, community-based organizations, churches, businesses, and private citizens.

▪ *Restitution*

- Guide to Juvenile Restitution. 1985. 162 pp. NCJ 098466. $15.00 (U.S.), $19.50 (Canada and other countries).

  Presents recommendations for expanding and improving juvenile restitution programs. Discusses basic program decisions, models, implementation, management information systems, evaluation, and resources.

- Juvenile Restitution Management Audit. 1989. 17 pp. NCJ 115215. FREE. Limited quantity available

  Provides guidelines and checklists for managers of juvenile restitution programs to assist in examining and assessing the functions and capabilities of their programs with respect to how they meet specific goals.

- Liability and Legal Issues in Juvenile Restitution. 1990. 24 pp. NCJ 115405. FREE.

  Addresses legal concerns faced by juvenile restitution programs, community service agencies, and juvenile employers. Provides guidance for avoiding liability and ensuring that restitution programs are fair and protective for all parties.

- National Directory of Juvenile Restitution Programs. 1987. 190 pp. NCJ 105188. FREE. Limited quantity available.

  Lists the names, addresses, and descriptions of 296 juvenile restitution and community service programs throughout the United States.

- National Trends in Juvenile Restitution Programming. 1989. 12 pp. NCJ 115214. FREE. Limited quantity available.
  Traces recent trends in juvenile restitution programming to provide policymakers with information and guidance on program operations.

- Restitution Experience in Youth Employment: A Monograph and Training Guide to Jobs Components. 1989. 47 pp. NCJ 115404. FREE. Limited quantity available.
  Presents a model curriculum for the development of employment programs within juvenile restitution programs.

- Victim-Offender Mediation in the Juvenile Justice System. 1990. 16 pp. NCJ 120976. FREE.
  Presents survey findings showing how mediation is used in the juvenile justice system. Describes programs, examines their effectiveness, and compares mediation with other sanctions.

■ ***Corrections***

- A Resource Manual for Juvenile Detention and Corrections: Effective and Innovative Programs. 1995. 164 pp. NCJ 155285. $15.00 (U.S.), $19.50 (Canada and other countries).
  Provides a collection of ideas and resources about successful juvenile detention and corrections programs already in practice. An excellent resource for juvenile detention and correctional professionals, the manual is divided into sections relating to aftercare programs, alternatives to secure detention, prevention, and secure programs.

- American Probation and Parole Association's Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies. 1992. 163 pp. NCJ 136450. FREE.
  Assists the juvenile probation/parole administrator in developing a drug testing program. Describes components of such programs and provides an overview of current case law.

- Conditions of Confinement: Juvenile Detention and Corrections Facilities (Research Report). 1994. 334 pp. NCJ 145793. FREE. Limited quantity available.
  Presents complete research findings on conditions of juvenile confinement facilities. Assesses facilities in terms of their order and safety, programming, consideration for juveniles' rights, and ability to meet basic needs of confined youth.

- Conditions of Confinement: Juvenile Detention and Corrections Facilities (Research Summary). 1994. 16 pp. NCJ 141873. FREE.
  Reports latest findings on conditions in juvenile confinement facilities including overcrowding, violence, suicidal behavior, and escapes. Also examines institutional security, treatment programming, education, health care, and protection of juveniles' rights.

- Desktop Guide to Good Juvenile Probation Practice. 1991. 141 pp. NCJ 128218. FREE.
  Provides a comprehensive description of accepted juvenile probation practices. Serves as a reference and resource document for practitioners from intake through supervision.

- Effective Practices in Juvenile Correctional Education: A Study of the Literature and Research 1980-1992. 1994. 194 pp. NCJ 150066. $15.00 (U.S.), $19.50 (Canada and other countries)
  Provides a comprehensive review of literature and research on topics related to correctional education such as education programs for female offenders, Law-Related Education, special education, and community-based programs.

- Improving Literacy Skills of Juvenile Detainees (Juvenile Justice Bulletin). 1994. 5 pp. NCJ 150707. FREE.
  Describes innovative programs designed to combat illiteracy among youth in the juvenile corrections system. Examines how phonics-based curriculums are developed and integrated into literacy programs, and shows how students have applied their knowledge of phonics to reading and writing tasks.

- Intensive Aftercare for High-Risk Juveniles: A Community Care Model (Program Summary). 1994. 20 pp. NCJ 147575. FREE.
  Reports the interim findings of OJJDP's initiative to assess intensive juvenile aftercare program models for serious, violent, and chronic juvenile offenders. Describes the framework for the prototype proposed for field testing.

- Intensive Aftercare for High-Risk Juveniles: An Assessment. 1994. 195 pp. NCJ 144018. $15.00 (U.S.), $19.50 (Canada and other countries).
  Presents a review of programs and literature concerning juvenile prerelease, transition, reintegration, and aftercare. Includes information on assessment and classification for risk and need, descriptions of community and institution-based programs, and an overview of theory-driven interventions.

- Intensive Aftercare for High-Risk Juveniles: Policies and Procedures (Program Summary). 1994. 28 pp. NCJ 147712. FREE.
  Explains the underlying principles and program elements of the intensive aftercare program model, which can be applied in a variety of settings. Addresses organizational factors, case management, and program evaluation.

- Juvenile Correctional Education: A Time for Change (Update on Research). 1994. 3 pp. NCJ 151264. FREE.
  Provides examples of effective educational programs and practices for incarcerated youth.
  Juvenile Corrections Resource Package. 1995. NCJ 154353. $32.00 (U.S.), $39.00 (Canada), $69.00 (other countries).
  Provides a compilation of various OJP publications, free and cost items, addressing the issue of juvenile corrections including alternative corrections and probation, conditions of detention facilities and aftercare services. Also includes topical searches of the NCJRS data base.

- Juvenile Detention Training Needs Assessment (Research Report). 1996. 60 pp. NCJ 156833. FREE.
  Presents information on training resources that corrections managers can use to increase knowledge and strengthen skills among line staff. Includes a literature review of job-related skills and training requirements and makes recommendations for assessing and improving training.

- Juvenile Intensive Supervision: An Assessment. 1994. 89 pp. NCJ 150064. $13.00 (U.S.), $17.50 (Canada and other countries).
  Presents an analysis of the literature on juvenile intensive supervision programs (ISPs) and describes the organization and operation of 11 existing ISPs, identified through onsiteassessments. Also makes recommendations for development of a national replication model.

- Juvenile Intensive Supervision: Planning Guide (Program Summary). 1994. 80 pp. NCJ 150065. FREE.
  Describes this intermediate sanction program as an alternative to secure detention. Provides program components and implementation information for model programs.

- Juvenile Probation: The Workhorse of the Juvenile Justice System (Juvenile Justice Bulletin). 1996. 5 pp. NCJ 158534. FREE.
  Summarizes the workload problems, agency initiatives, and special issues of juvenile probation professionals as reported in the 1992 Juvenile Probation Officer Initiative Survey. Describes the probation profession, the youth it serves, and the issues it faces, including on-the-job-safety, insufficient resources, understaffing, and overcrowded caseloads.

- Juveniles Taken Into Custody: Fiscal Year 1993 (Statistics Report). 1995. 185 pp. NCJ 154022. FREE.
  Summarizes data on the number of juvenilestaken into custody in the United States and presents the latest developments in creating a new National Juvenile Corrections Reporting System. Reports for previous years are also available.

- National Juvenile Custody Trends: 1978-1989. 1992. 45 pp. NCJ 131649. FREE.
  Highlights significant trends in the number and characteristics of youth taken into custody between 1978 and 1989.

- National Survey of Reading Programs for Incarcerated Juvenile Offenders. 1993. 51 pp. NCJ 144017. $10.50 (U.S.), $15.00 (Canada), $15.50 (other countries).
  Presents survey results that profile current reading programs in juvenile correctional facilities.

- OJJDP: Conditions of Confinement Teleconference (Video, VHS format). 1993. 90 minutes. NCJ 147531. $14.00 (U.S.), $16.00 (Canada), $23.00 (other countries).
  Presents videotaped proceedings of a national teleconference held in 1993 that features findings and recommendations resulting from the landmark OJJDP research project Conditions of Confinement: Juvenile Detention and Corrections Facilities.

Prevention Resources from the Wisconsin Clearinghouse

The Wisconsin Clearinghouse has been providing educational materials, trainings, information and services nationally and state-wide for more than 20 years. Part of University Health Services at the University of Wisconsin-Madison , the mission of the Wisconsin Clearinghouse is to help schools, families, and communities to lead healthy, productive lives. The Clearinghouse offers materials for youth workers, communities, parents, and educators. Hundreds of resources include activity books, videos, curricula, software, posters and pamphlets on prevention issues: alcohol, tobacco, and other drugs of abuse prevention, controlling anger, violence prevention, self-esteem building, dating and violence, etc.

Many pamphlets are available as free samples in single copies. You may request up to 10 different titles.

Contact: 1552 University Ave.
Madision, WI 53705
Ph: (800)322-1468 [publications sales];
(800)248-9244 [library & free materials]
Fax: (608)262-6346
Website: http://www.uhs.wisc.edu/wch/

The title index of their catalog is as follows:

- 101 Support Group Activities for Teenagers Affected by Someone Else's Alcohol/Drug Use
- 101 Support Group Activities for Teenagers at Risk for Chemical Dependence
- 101 Support Group Activities for Teenagers Recovering from Chemical Dependence

- The ABCs of Alcohol Education for Women
- AIDS
- Alcohol (Drug Abuse Information Series)
- Alcohol (Mind-Altering Drugs Series)
- Alcohol & Other Drugs
- Alcohol and Drugs are Women's Issues
- Alcohol and Drugs Just Aren't My Style
- Alcohol and Marijuana Information for Teens
- Alcohol and Other Drugs Vertical File Collection
- Alcohol and Other Drugs: A Self-Test
- Alcohol and the Law
- Alcohol and You
- Alcohol Is A Drug, Too: What Happens to Kids When We're Afraid to Say No
- Alternatives and Natural Highs
- Amphetamines
- Anabolic Steroids...: What's the Hype?
- Anger Management and Violence Prevention: A Group Activity Manual for Middle and High School Students
- Anger: Handle It Before It Handles You
- Appreciating Yourself
- Are These the Only Bright Spots in Your Community? poster
- Are You Making Friends or Drinking Buddies? poster
- Are You Making Friends or Drinking Buddies? table tents
- Are You Making Friends or Drinking Buddies? bookmark
- Are Your Kids Making Friends or Drinking Buddies table tent
- Are Your Kids Making Friends or Drinking Buddies? poster
- Are Your Kids Making Friends or Drinking Buddies? bookmark
- Asking For Help

- Barbiturates
- BARN: THE BODY AWARENESS RESOURCE NETWORK
- Being Friends
- Being Responsible
- Best Friends: Substance Abuse, Peers and Prevention
- BIG CHANGES, BIG CHOICES
- Body Management
- Bookmark Set (Parents/Community)
- Bookmark Sets (Youth/College)
- The Boy Wonder: Children of Alcoholics
- Brain Drain poster
- Breaking the Chain: Relationship Violence and Anger Management
- Building Self-Esteem in Children

- Caffeine
- Cannabis
- Changing Families
- Children at Risk Collection
- Children of Alcoholics: The Truth Behind Hard Love
- Choices for the Future Alcohol and Pregnancy
- Chugging Can Kill poster
- Chugging Can Kill poster (Parents)
- Chugging Can Kill bookmark
- Chugging Can Kill table tents
- The Circle: Alcohol Abuse and Recovery
- Class Act: Dropout Prevention
- Cocaine (Mind-Altering Drugs Series)
- Cocaine/Crack (Drug Abuse Information Series)
- College Alcohol and Other Drug Abuse Resource Kit
- Conflict: Think About It. Talk About It. Try to Work It Out.
- Cooperation
- Crack

- Dating and Drinking: It's a Scream poster
- Dating and Drinking: It's a Scream bookmark
- Dead is Dead. Drive Sober poster
- Dead is Dead. Drive Sober bookmark
- Dealing with Disappointment
- Dealing with Feelings
- Dealing With Pressures
- Depressants (including opiates, inhalants, downers)
- Designer Drugs
- Different Like Me: A Book for Teens Who Worry About Their Parents' Use of Alcohol/Drugs
- Discover Your World... Without Alcohol or Other Drugs
- Doing the Right Thing
- Dream of Your World... Without Alcohol or Other Drugs
- Drink Sells the Dream video
- Drink Sells the Dream. You Pay/ poster
- Drink Sells the Dream. You Pay/ bookmark
- Drinking Wastes Your Potential/ poster
- Drinking Wastes Your Potential/ bookmark
- Drug Abuse Information Series
- Drug Abuse Prevention and Health Promotion Collection

- Elementary School Alcohol and Other Drug Abuse Resource Kit
- Enhancing Self-Esteem
- Explore Your World... Without Alcohol or Other Drugs
- Explore/Dream/Discover Kit

- FACE: FACING ALCOHOL CONCERNS THROUGH EDUCATION/ posters
- FACE: FACING ALCOHOL CONCERNS THROUGH EDUCATION/ posters (for Parents)
- Family Alcohol & Other Drug Abuse Prevention Resource Kit
- Family Connections: Teaching Your Children the Skills of Self-Esteem and Drug Prevention
- Family Times
- Fetal Alcohol Syndrome Facts and Choices: A Guide for Teachers
- The Firefighter...Single Parenting and Its Effects on Children
- Following Imaginary Peers: How Norm Misperceptions Influence Student Substance Abuse
- Friendship

- Getting Along With Parents
- Getting Straight
- The Girl Most Likely To...Student Workaholics, Coping with Stress
- Great Expectations
- Growing Up Black and Proud Facilitator's Guidebook
- Growing Up Black and Proud Guide for Teenagers
- Growing Up Black and Proud Kit
- Growing Up Black and Proud Video

- Hallucinogens(Mind-Altering Drugs Series)
- Hallucinogens (including LSD, PCP) (Drug Abuse Information Series)
- Handling Emotions
- Having A Party?
- Helping Kids Prevent Violence Video Series
- High School Alcohol and Other Drug Abuse Resource Kit
- Hitting Rock Bottom
- How a Parent Can Help a Child With an Alcohol or Other Drug Problem
- How a Teen Can Help a Friend With Alcohol and Other Drug Problems
- How an Adult Can Help a Friend With an Alcohol or Other Drug Problem
- How Many Times Have Your Kids Been Offered a Drink Today?/ poster
- How to Control Your Anger (Before It Controls You): A Guide for Teenagers
- How to Get Unstressed: The Bare Facts
- How You Can Help a Friend With an Alcohol or Drug Problem
- How You Can Help a Student With an Alcohol or Other Drug Problem
- Human Sexuality

- If You Must Smoke...
- Images About Alcohol: Slide program
- Images About Alcohol: The Impact on African Americans: Slide program
- The Images Within: A Child's View of Parental Alcoholism
- Inhalants
- Introduction(Drug Abuse Information Series)
- An Introduction to Resiliency
- It Might as Well Grow on Trees/ poster
- It Might As Well Grow on Trees/ bookmark
- It Might as Well Grow on Trees/ table tent
- It's Only Beer/ poster
- It's Only Beer/ poster (Parents)
- It's Only Beer/ bookmark.
- It's Only Beer/ table tents

- Just Say I Know How: A Drug, Alcohol and Tobacco Prevention Program for the Elementary Grades

- Kids and Gangs: What Parents and Educators Need to Know

- La Madre, La Criatura
- Last Pick...Self-Esteem and Body Image
- Learning About Alcohol: Elementary Module, Grades 4-6
- Learning About Alcohol and Other Drugs: Intermediate Module, Grades 7-8
- Liquor, Drug Laws and Liability
- Listen, Smokers...
- A Little Problem at Home video
- Los Ninos y Las Drogas

- Manual for Group Facilitators
- Marketing Booze to Blacks video and book
- Meeting of the Minds...Teacher/Student Communications, Human Relations
- Mentoring High-Risk Kids
- Methamphetamines
- Middle School Alcohol & Other Drug Abuse Resource Kit
- Mind-altering Drugs
- Mind-altering Drugs Collection
- MIND-ALTERING DRUGS SERIES
- Mirame/Look At Me!
- Model Program Guide (Alcohol and Drugs are Women's Issues, Vol. 2)

- Mouth Off poster
- Non-Alcoholic Recipe Sheets
- Not Just Anybody: Dating Pressure and Violence

- On the Curb...Street Kids, Dropping Out, Parent-Child Communications
- Open the Door/ poster
- Opiates
- Over-the-Counter Drugs

- Parent's Self Test: A Guide for Helping Parents Assess Their Own Drug Use
- Parents' Guide to Teenage Parties
- PCP
- Peace Patrol
- Peddling Booze on Campus: How to Spot it and How to Fight It
- Peer Helper Training Manual
- Peer Support: Designing Interpersonal SkillsA Training Plan
- Peer Support Teacher's Resource
- Piece of Mind/ poster
- Posters (College -- set of 3)
- Posters (College -- set of 4)
- Posters (Community)
- Posters (Family/Community -- set of 2)
- Posters (Middle/High School -- set of 2)
- Posters (Parents -- set of 4)
- Preventing Alcohol-Related Harm
- Preventing Conflicts and Violence
- PROJECT DIRECTION
- Project Direction Training Manual

- Reaching Out To Children with FAS/FAE
- Resolving Conflicts
- Respecting Others
- Responsible Party Hosting Ideas for Adults
- A Review of the Issues. (Alcohol and Drugs are Women's Issues, Vol. 1)

- Saying No
- SEALS + Plus
- Self-Esteem for Tots to Teens
- Selling Addiction Multi-Media Learning Program

- Setting & Achieving Goals
- Sex and Substance Abuse: What Are the Links?
- Sex, Drugs and AIDS in the '90s
- Skills Training for Substance Abuse Prevention
- Smiling Inside, Smiling Outside
- Smokeless Tobacco: A Spittin' Image
- Smoking
- Stand Strong
- Start at Home
- Starting Early
- Stimulants (including caffeine, nicotine,cocaine, speed)

- STRAIGHT TALK VIDEOS
- Stress Management

- table Tents (Parents/Community)
- table Tents (Youth/College)
- Talk With Teens About Self and Stress
- Tap Into a New Community Spirit/ poster
- Tap Into a New Community Spirit/ bookmark
- Tap Into a New Community Spirit/ table tent
- Teacher's Guide for the Drug Abuse Information Series
- Teaching the Skills of Conflict Resolution: Activities and Strategies for Counselors and Teachers
- That's Us! The Struggle Continues: Living in the Hood
- That's Us! The Struggle Continues: Living in the Hood Survival
- The Three R's of Growing Up
- Tobacco
- Together, I Can
- Tough Cries...Fighting, Violence and Peer Pressure
- Tranquilizers
- Turning Points

- What Caring Adults Can Do
- What You Can Do: A Hands-On Guide to Building Alliances for the Prevention of Alcohol and Other Drug Abuse
- What's There to Do Besides Drink? LOTS!
- What's There to Do Besides Drugs? LOTS!
- What's There to Do Besides Drugs? LOTS! coloring book
- Who Am I?
- Who Am I? Book II Challenges
- WORKING IT OUT AT MADISON video series
- WORKING IT OUT AT MADISON II video series
- Working It Out: Conflict Resolution Through Peer Mediation
- Working With Hostile Teens and Working With Resistant Teens

- Yes, There Are Lots of Good Reasons for Women to Quit Smoking
- "Yes, You May Use the Car, But First...": Parent/Teen Discussion Guide
- You and Your Values
- YOU CAN CHOOSE!
- You Deserve a Cold One/ poster
- You Deserve a Cold One/ bookmark
- You Deserve a Cold One/ table tent
- Young Children and Drugs: What Parents Can Do
- Your Smoking Affects Two Lives

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Research and Training Center in Family Support and Children's Mental Health

The Research and Training Center on Family Support and Children's Mental Health has the overall goal of improving services for families whose children have serious mental, emotional or behavioral disabilities. To this end, their program of research and training is designed to promote services that are community-based, family-centered and culturally appropriate.

The Center's efforts are geared toward family empowerment, capacity-building, and an emphasis on applied research and the production and dissemination of materials that are useful to a wide variety of audiences: family members, service providers, planners, administrators, and policy-makers.

Contact: Portland State University
P.O. Box 751
Portland, Oregon 97207-0751
Ph: 503/725-4040
Fax: 503/725-4180
Website: http://www-adm.pdx.edu/user/rri/rtc

The published materials include:

- ■ *Fact Sheets* on different children and adolescent mental, emotional, and behavioral disorders and other topics related to the following general themes:
  - family participation in services
  - family participation at the policy level
  - families and out-of-home care
  - evaluation of family organizing efforts
  - interventions in professional education
- ■ ***Focal Point Issues***
  - Re-thinking Emotional Disturbances in Children, 1984-1989 R&T Center Project Descriptions, New York Longitudinal Study
  - 1986 Families As Allies Conference, Perspectives on Rehabilitation Services for CASSP, 1985-1986 Parent Organization Survey
  - TCA Project Summary, Case Management vs. Care Management, Interagency Collaborative Efforts, Personal Community
  - Youth in Transition, Supported Employment, Respite Services
  - Parent/Professional Collaborative Training Session, State Families As Allies Activities, Oklahoma Respite Conference
  - Family Support, Respite Care Models, Why Parents Should Become Allies with Professionals

- Services to Minority Populations, Cultural Competence Continuum, Revisiting the Ethnic Dilemma, Needs of Minority Children with Emotional Handicaps, State and Local CASSP Activities
- Improving Services for Children with Serious Emotional Disturbances and their Families, Four State Activity Reports, Locating and Improving Serivces, Halcyon Respite, Overcoming Stigma, People First Language, Next Steps Conference, Federation of Families
- Barriers to Accessing Services, Relinquishing Custody, Out-of-Home Survey Results, Financing Treatment Services
- Families and Professionals Working Together, Parent Support and Advocacy, Respite Conference1989-1994 R&T Center Project Descriptions, Children with Serious Emotional Disturbances National Study Report of Survey
- Relinquishing Custody-Continuing the Dialogue
- Social & Emotional Supports for Children & their Families, Emotional Problems for Children with Physical and Emotional Handicaps, Increased Access to SSI Benefits for Children with Disabilities, Changes to Medicaid's EPSDT Program
- Serving Lesbian and Gay Youth
- Parents as Policy Makers: Challenges for Collaboration
- Case Management for Families and Children
- Children's Mental Health Services in Health Care Reform
- Developint Culturally Competent Organizations
- Empowering Families Whose Children have Emotional Disorders, Family-Professional Collaboration
- Fathers, Siblings, and Grandparents of Children with Mental, Emotional, or Behavior Disorders
- Adoption: A Lifelong Journey for Children and Families

UCLA Center for Mental Health in Schools

UCLA Center for Mental Health in Schools focuses on school mental health-related policies and practices to: enhance current and emerging practitioners roles, functions, and competence; facilitate systemic reforms reshaping mental health in schools; and assist localities in building and maintaining infrastructure for training support, and continuing education. The center is currently conducting a survey of state mental health and education agencies and sponsoring regional meetings for officials from these agencies to foster collaboration. The center is also developing a "consultation cadre" of volunteers and offers a newsletter and World Wide Web site (http://smhp.psych.ucla.edu). An on-line clearinghouse, electronic networking, guidebooks, and continuing education curricula are being pursued.

Contact: Department of Psychology, UCLA
405 Hilgard Avenue
Los Angeles, CA 90095-1563
Ph: (310)825-3634
Fax: (310)206-8716
Website: http://smhp.psych.ucla.edu

Special Resources that can be obtained from the Center's Clearinghouse are as follows:

- **Introductory Packets**

  These center-developed overview packets on key topics. Each has overview discussions, descriptions of model programs (where appropriate), references to publications, access information to other relevant centers, agencies, organizations, advocacy groups, and Internet links, and a list of consultation cadre members ready to share expertise. Currently available are packets on:

  System Concerns

  - Financial Strategies to Aid in Addressing Barriers to Learning
  - Evaluation and Accountability: Getting Credit for All You Do?
  - Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections

  Program/Process Concerns

  - Violence Prevention and Safe Schools
  - Confidentiality and Informed Consent
  - Least Intervention Needed: Toward Appropriate *Inclusion* of Students with Special Needs
  - Assessing to Address Barriers to Learning
  - Cultural Concerns in Addressing Barriers to Learning
  - Parent and Home Involvement in Schools
  - Understanding & Minimizing Staff Burnout

  Psychosocial Problems

  - Dropout Prevention
  - Learning Problems and Learning Disabilities
  - Teen Pregnancy Prevention and Support

- **Resource Aid Packets**

  These are designed to complement the series of Introductory Packets. They are a form of *tool kit* for fairly circumscribed areas of practice. They contain materials to guide and assist with staff training and student/family interventions -- including overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice.

  - Screening/Assessing Students: Indicators and Tools
  - Responding to Crisis at a School
  - Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What it Needs
  - Students and Psychotropic Medication: The School's Role
  - Substance Abuse
  - Clearinghouse Catalogue
  - Consultation Cadre Catalogue
  - Catalogue of Internet Sites Relevant to Mental Health in Schools
  - Organizations with Resources Relevant to Addressing Barriers to Student Learning: A Catalogue of Clearinghouses, Technical Assistance Centers, and Other Agencies
  - Where to Get Resource Materials to Address Barriers to Learning

- **Technical Aid Packet**

  - School-Based Client Consultation, Referral, and Management of Care
  - School-Based Mutual Support Groups (For Parents, Staff, and Older Student)
  - Volunteers to Help Teachers and School Address Barriers to Learning
  - Welcoming and Involving New Students and Families
  - Guiding Parents in Helping Children Learn

- **Technical Assistance Samplers**

  - Evaluation and Accountability Related to Mental Health in Schools (12/97)
  - Thinking About and Accessing Policy Related to Addressing Barriers to Learning
  - Behavioral Initiatives in Broad Perspective
  - School-Based Health Centers

- **Guides to Practice and Continuing Education Units - Ideas into Practice**

  - Mental Health and School-Based Health Centers
  - What Schools Can Do to Welcome and Meet the Needs of All Students and Families

- **Toward a Comprehensive Integrated Approach For Addressing Barriers To Student Learning**

  Guides for the Enabling Component -- Addressing Barriers to Learning and Enhancing Healthy Development

  - Center's Guidebook for the Enabling Component
  - A Guide to the Enabling Component

- **New Continuing Education Modules**

  - Addressing Barriers to Learning: New Directions for Mental Health in Schools
  - Mental Health in Schools: New Roles for School Nurses
  - Classroom Focused Enabling

- **Special Reports**

  - *Center Policy Report* -- Policies and Practices for Addressing Barriers to Learning: Current Status and New Directions
  - *Addressing Barriers to Student Learning* -- Closing Gaps in School/Community Policy And Practice
  - *Maternal and Child Health Services Report* -- The Maternal and Child Health Bureau's Initiative for Mental Health in Schools
  - *Policy Coalition Report* --Coalition for Cohesive Policy in Addressing Barriers in Development and Learning

- **Feature Articles from Our Newsletter**

  - Mental Health in Schools: Emerging Trends (Winter '96)
    Presents an overview of the need for including a focus on mental health in schools as part of efforts to address barriers to student learning.
  - School-Linked Services and Beyond (Spring '96)
    Discusses contributions of school-linked services and suggests it is time to think about more comprehensive models for promoting healthy development and addressing barriers to learning.
  - Labeling Troubled and Troubling Youth: The Name Game (Summer '96)
    Underscores bias inherent in current diagnostic classifications and offers a broader framework for addressing the full range of problems on person and environment transaction.
  - Policies and Practices for Addressing Barriers to Student Learning: Current Status and Future Directions (Fall '96)
    Based on a series of 3 regional meetings held by the Center, this article highlights the matters discussed, analysis and recommendations for next steps related to evolving a unifying policy framework for addressing barriers to learning and promoting healthy development.
  - Comprehensive Approaches & Mental Health in Schools (Winter '97)
    Discusses the enabling component, a comprehensive, integrated approach that weaves six main areas into the fabric of the school to address barriers to learning and promote healthy development for *all* students.
  - Behavior Problems: What's a School to Do? (Spring '97)
    Sheds light on the prevailing disciplinary practices in schools and their consequences for classroom management purposes. Beyond discipline and social skills training, the article underscores the need to look into the underlying motivational bases for students' misbehavior for intervention programs to take effect.
  - Addressing Barriers to Learning: Closing Gaps in Policy & Practice (Sum '97)
    This article sums up the Center Policy Report [*Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice* (September 1997).]
  - Easing the Impact of Student Mobility: Welcoming & Social Support (Fall '97)
    Underscores the vital role of welcoming and social support in every school's transition programs to appropriately address barriers to learning. In the light of implementing interventions for welcoming and involving new students and families, the article discusses phases, key tasks,

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elements, and activities to ensure that proper mechanisms and processes are in place.

- Accountability: Is it Becoming a Mantra? (Winter '98)
  Discusses accountability and evaluation from the perspective of the society, the institution of schooling, and specific youngsters and families who are the direct focus of mental health and psychosocial interventions.
- Enabling Learning in the Classroom: A Primary Mental Health Concern (Spring '98)
  Highlights the importance of institutionalizing the *enabling component* in schools. This article discusses how *classroom-focused enabling* (one of six clusters of programmatic activity) enhances the teacher's array of strategies for working with a wide range of individual differences (including learning and behavior problems) and creating a caring context for learning in the classroom.
- Open Letter to the Secretary of Education, Richard Riley (Summer '98)
  This article is a commentary regarding the reauthorization of programs under the Elementary & Secondary Education Act (ESEA) and the Goals 2000: Educate America Act. It underscores that prevailing policy marginalizes efforts to address barriers to learning, development, and teaching. This undercuts efforts to improve student achievement.

■ **Selected Reprints Clarifying the Center's Approach to Mental Health in Schools**

- H. S. Adelman (1996). *Restructuring Education Support Services: Toward the Concept of an Enabling Component.* Kent, OH: American School Health Association.
- L. Taylor & H.S. Adelman (1996). Mental health in the schools: Promising directions for practice. *Adolescent Medicine: State of the Art Reviews, 7*, 1-15.
- H.S. Adelman (1995). Clinical psychology: Beyond psychopathology and clinical interventions. *Clinical Psychology: Science and Practice, 2*, 28-44.
- H. S. Adelman & L. Taylor (1997). System reform to address barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry, 67*(3), 408-421.
- H.S. Adelman & L. Taylor (1997). Toward a scale-up model for replicating new approaches to schooling. *Journal of Educational and Psychological Consultation, 8*(2), 197-230.
- H.S. Adelman, L. Taylor, B. Bradley, & K.D. Lewis (1997). Mental Health in Schools: Expanded Opportunities for School Nurses. *Journal of School Nursing, 13*(3), 6-12.
- H.S. Adelman & L. Taylor (1998). Involving teachers in collaborative efforts to better address barriers to student learning. *Preventing School Failure, 42*(2), 55-60.
- C. Lim & H.S. Adelman (1997). Establishing school-based collaborative teams to coordinate resources: A case study. *Social Work in Education, 19*(4), 266-277.
- *Commentary: How school reform is failing to address barriers to learning* (7/98). Prepared by UCLA Center for Mental Health in Schools. (Produced by our Center).
- H.S. Adelman & L. Taylor (1998). *Beyond placement in the least restrictive environment: The concept of least intervention needed and the need for continuum of community-school programs/services.* (A discussion paper produced by our Center for a forum sponsored by the National Association of State Directors of Special Education.)
- *Opening the Gates: Learning Supports at Elizabeth Learning Center --- A New American Schools Demonstration Site in the Los Angeles Unified School District.* (Available from our Center).
- H.S. Adelman & L. Taylor (1998). Mental health in schools: Moving forward. *School Psychology Review, 27*(2), 175-190.
- L. Taylor & H.S. Adelman (1998). *Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together.* (Produced by our Center).

- H.S. Adelman & L. Taylor (in press). Reframing mental health in schools and expanding school reform. *Educational Psychology*. (Pre-publication draft available from our Center).
- H.S. Adelman & L. Taylor (in press). Mental health in schools and system restructuring. *Clinical Psychology Review*. (Pre-publication draft available from our Center).
- L. Taylor & H.S. Adelman (in press). Confidentiality: Competing principles, inevitable dilemmas. *Journal of Educational and Psychological Consultation*. (Pre-publication draft available from our Center).

Section II

*Publishers and Distributors**

This section contains publishers, books, curriculum programs, multimedia tool kits such as audio/videotapes/CD-roms and other educational software packages, educational games, etc. that are useful for classroom and counseling purposes. This also includes in-service training programs for staff development.

- **American Guidance Service (AGS) Guidance Catalog**
- **At-Risk Resources**
- **Canter & Associates**
- **Creative Therapy Store (Western Publishing Services)**
- **ETR Associates**
- **Free Spirit Publishing**
- **The Health Connection**
- **KidRights**
- **Krames Communications**
- **MarshMedia School Plan Review**
- **Morning Glory Press**
- **The National Center for Violence Prevention (from National Innovative Media Company)**
- **Performance Resource Press**
- **Research Press**
- **Scriptographic (Channing L. Bete, Co., Inc.)**
- **Sidran Foundation**
- **Sunburst**
- **Waterfront Books**
- **Zephyr Press**

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* While our Center identified these publishers and distributors as resource places, we realize these are private companies and are in no way related to us. Our Center also acknowledges that the list is not exhaustive and may have excluded other equally relevant places unintentionally. If you know of other good resources that should be included in this packet, we would appreciate your recommendation.

American Guidance Service (AGS)

AGS provides assessment and educational tools designed for mental health professionals, paraprofessionals, teachers and parents to effectively address psychological and behavioral issues affecting children and adolescents.

Contact: 4201 Woodland Road, P.O. Box 99
Circle Pines, MN 55014-1796
Ph: (800)328-2560
Fax: (612)786-9077
Website: http://www.agsnet.com/

Their catalog consists of the following topics:

- Career Exploration
- Safe and Drug-Free Schools
- Personal Development
- Social Skills
- Violence Prevention
- Classroom Management
- Self-esteem
- Substance Abuse Prevention
- Parent Education/Family Living & Discipline Strategies
- Sexual Harassment

At-Risk Resources (from the Bureau for At-Risk Youth)

At-Risk Resources offers a wide array of innovative products such as books, pamphlets, posters, videos, and computerized, multimedia educational software packages for educators, mental health practitioners, parents, children, and adolescents on various mental health and psychosocial areas of concern.

Contact: 645 New York Avenue, P.O. Box 670
Huntington, NY 11743-4207
Ph: (800)999-6884; (800)99YOUTH
Fax: (516)673-4544
Website: http://www.at-risk.com/

Topics of their products are the following:

- Parenting Education/Involvement
- Drug-Free Schools & Communities
- Violence Prevention for Safe Schools
- Staff Development/In-Service Training
- Character & Life Skills Education
- Cultural Diversity
- Substance Abuse
- Self-esteem
- Teen Pregnancy
- Guidance
- Career Exploration
- Life Skills/Personal Development
- McGruff Anti-Crime Resources
- At-Risk Libraries
- Professional Resources
- Domestic Violence Prevention
- Teen Sexuality
- Military Family Resources
- Preschool & Elementary Resources
- Positive Resources

Canter & Associates, Inc.

Canter & Associates produces educational materials (books, brochures, and audio/videotapes) and distance learning programs that offer strategies and demonstrations to help teachers and parents deal with improving children's learning skills, schoolwork, behavior (discipline), etc.

Contact: P.O. Box 2113, Dept. NC
Santa Monica, CA 90407-2113
Ph: (800)262-4347
Fax: (310)394-6017

Topics include:

- Lifelong Learning
- Student Motivation
- Conflict Resolution
- Safe Schools
- Behavior Management
- Teacher Motivation
- Parent Involvement
- Plan Books
- Paraprofessional Resources
- Adminstrator Resources
- Teacher Resources
- Parenting Resources

Creative Therapy Store (from Western Psychological Services)

Western Psychological Services (WPS) provides assessment tools to professionals in education, psychology, and allied fields. The Creative Therapy Store offers toys, games, books, posters, and activities that aid mental health professionals deal with children and adolescents in therapeutic environments.

Contact: 12031 Wilshire Boulevard
Los Angeles, CA 90025-1251
Ph: (800)648-8857
Fax: (310)478-7838

A list of selected topics includes:

- Feelings
- Anger Control
- Behavior
- Parenting
- Physical and Sexual Abuse
- Play Therapy Equipment
- Social Skills
- Self-esteem
- Attention-Deficit Hyperactivity Disorder
- Family Therapy
- Stress Management/Coping Skills

ETR Associates

ETR Associates publishes and distributes educational materials (books, brochures, pamphlets, and videos) dealing with various issues related to prevention and management of common psychosocial problems encountered by children and adolescents. Some products have Spanish versions, as well. A catalog is available upon request.

Contact: P.O. Box 1830
Santa Cruz, CA 95061-1830
Ph: (800)321-4407
Fax: (800)435-8433
Note: You may request for up to five free pamphlets for review before any purchase.

A list of general categories of their product line includes:

- Drugs, Alcohol, and Tobacco
- Self-esteem
- Violence
- Sexuality Education
- Sexual Responsibility
- Life Management Skills
- Abstinence
- Puberty
- Birth Control
- Sexual Harassment
- Sexually-transmitted diseases (STD)
- HIV/AIDS
- Comprehensive Health
- Anger Management
- Pregnancy Prevention
- Pregnancy and Childbirth

Free Spirit Publishing

Free Spirit Publishing offers an award-winning selection of books, posters and more for youth workers, teachers, counselors, parents, children and teens. Emphasis is on self-esteem, service-learning, stress management, creativity, and special needs (gifted and talented, learning-disabled).

Contact: 400 1st Ave. N., Suite 616-A615
Minneapolis, MN 55401-1730
Ph: (800) 735-7323; e-mail: help4kids@freespirit.com
Fax: (612)337-5050

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The Health Connection

Provides resource materials for creating safe and drug-free schools and communities.

Contact: 55 West Oak Ridge Drive
Hagerstown, MD 21740
Ph: (800)548-8700
Fax: 301/790-9733
e-mail: sales@healthconnection.org

Topics of their products include:

- Conflict Resolution
- Counseling Tools
- Displays
- Pamphlets
- Peer Helper Training
- Prevention for Alcohol, Tobacco, Other Drugs and Violence
- Puppets
- Reproducible Curriculum for Pre-K to Grade 12 & above
- Videos

KidsRights

This publishing company produces a comprehensive line of prevention and education materials to help mental health professionals, teachers and parents work with preschoolers, children and adolescents in coping with different emotional and psychological needs and issues. KidsRights' educational materials include books, brochures, pamphlets, videos, and games. Some products are available in Spanish. You may request for a catalog of their products.

Contact: 10100 Park Cedar Drive, Charlotte, NC 28210
Ph: (800)892-KIDS; (704)541-0100
Fax: (704)541-0113

Their topics consist of the following:

- Therapy & Counseling: Games
- Self-esteem
- Play Therapy
- Therapy & Counseling
- Personal Growth & Survival Videos
- Life Skills/Management
- Violence Prevention
- Pamphlet Series
- Parenting
- Attention-Deficit/Hyperactivity Disorder & Special Needs
- Domestic & Family Violence
- Child Abuse
- Rape/Harassment
- Sexuality/AIDS
- Loss & Grief
- Diversity/Multicultural
- Drugs, Alcohol, & Tobacco
- Divorce

Krames Communications

Krames Communications publishes consumer-oriented information, backed up by latest research findings and clinical practices, on medical and wellness topics Krames Communications' broad product line offers customers the flexibility to choose the topics, media, formats, and price points to match their communication goals, size, and budgets.

Krames offers patient education materials for challenging disease management fields such as depression, panic attacks, anxiety, asthma, coping with change, stress management, grief and loss, etc. Krames product line includes 800 titles, which simplify complex concepts by combining lay language with a visual story line featuring color anatomical art and illustrations of diverse characters.

Contact: 1100 Grundy Lane,
San Bruno, CA 94066-0400
Ph: (800)444-2015; (415)742-0400
Fax: (415)244-4568
Website: http://www.krames.com/

MarshMedia School Plan Review

Produces educational materials to support schoolwide reform and high levels of achievement in schools and/or districts. Their multicultural *Key Concepts in Personal Development series* consists of videos, books, and classroom activities that teach critical personal skills that prepare students to face new challenges and tackle new opportunities. The series uses timeless stories and engaging animal heroes to teach important lessons about character, values, and personal responsbility. The videos and hardcover books tell the stories, and the rich Teaching Guides provide cross-curriculum activities in math, reading, social studies, science, art, and music for grades K-4.

Key Concepts series also includes the newly-introduced *HomeTies* components to help educators bridge the gap between school and home. In meeting parental involvement requirements of Title I and other funding programs, HomeTies materials support intitiatives that will help parents reinforce basic skills and help students do their best in school.

Contact: P.O. Box 8082
Shawnee Mission, Kansas 66208
Ph: 800/821-3303; 816/523-1059
Fax: 816/333-7421
Website: http://www.marshmedia.com/

Key Concepts materials are especially well suited to serving students through the following funding sources and programs:

- Title I/Improving the Basics
- Title IV/Safe and Drug-Free Schools
- At-risk programs
- Gifted and talented students
- Special education
- Multicultural education
- Parent-teacher organizations
- Language enrichment
- Thematic curriculum
- Migrant education

Morning Glory Press

Publishes educational materials such as texts, workbooks, curriculum guides, videos and games for teen parenting.

Contact: 6595 San Haroldo Way
Buena Park, CA 90620
Ph: (714)828-1998
Fax: (714)828-2049

The National Center for Violence Prevention (from National Innovative Media Company)

Offers a variety of products covering violence prevention, self-esteem, gangs, gun violence, conflict resolution, anger/stress management, coping skills, consequences & more......

Contact: P.O. Box 9
Calhoun, KY 42327
Ph:(800) 962-6662; e-mail: nimco@nimcoinc.com
Fax: (502) 273-5844
Website: http://www.nimcoinc.com/

Performance Resource Press

Carries one of the best selections of drug prevention materials available.

Contact: 1270 Rankin Suite F
Troy. MI 48083
Ph: (800) 453-7733
Fax: (810)588-6633

Research Press

Provides books and videos on conflict resolution, violence prevention, prosocial skills, African American youth, anger management, gangs and delinquency, teens pregnancy and more.

Contact: P.O. Box 9177
Champaign, IL 61826
Ph: (800) 519-2707; e-mail: reseress@net66.com
Fax: (217)352-1221

Scriptographic (from Channing L. Bete Co., Inc.)

Publishes informative booklets on various psychosocial issues commonly encountered by children and teenagers such as alcohol, child abuse, child neglect, sex education, suicide, contraception, etc. The publications are ideal for children , adolescents, parents & educators. They are available in English and Spanish.

Contact: 200 State Road
South Deerfield, MA 01373
Ph: 800-628-7733; 413/665-7611
Fax: 800-499-6464
Website: http://www.channing-bete.com/

Some of the titles include:

- About Suicide
- Disciplining Your Child
- About Latchkey Children
- About Parenting
- About Emotional Abuse and Neglect of Children
- About Teens & Drugs
- What Every Teenager Should Know About Peer Pressure
- About Alcohol, Child Abuse and Child Neglect
- Making Responsible Choices About Sex
- Alcoholic in the Family
- What Everyone Should Know About Contraception
- What Everyone Should Know About the Sexual Abuse of Children
- Children of Alcoholics
- What Everyone Should Know About Family Violence
- About Parenting
- What You Should Know About Teenage Pregnancy

Sidran Foundation

Distributes books that offer help and hope for deeply troubled children and youth. It includes resources for professionals who work with children who defy psychiatric diagnosis. Topics include care for severely abused, dissociative children and teens; psychological testing, psychotherapy, medication, home & school environments, legal & medical issues, & more.

Contact: 2328 West Jopa Rd., Suite 15
Lutherville, MD 21093
Ph: (410) 825-8888
Fax: (410) 337-0747
Website: http://www.acess.digex.net/~sidran.

Sunburst

Sunburst publishes curriculum modules/programs combining videos and print that can be used for both educational and mental health settings. These programs are designed for grades pre-K to 2, grades 2-4, grades 5-9, grades 7-12. Main topics include: character education, self-esteem, conflict resolution, health, success skills, drug education, family life, sex education, sex/aids education, and career education.

Sunburst also produces educational materials for staff development and in-service training programs for teachers and counselors such as parent involvement, conflict resolution (elementary grades), working with hostile and resistant teens, conflict resolution (grades 5-12), building student success (grades 5-9), and supporting early adolescents (grades 5-9).

Contact: 39 Washington Avenue, P.O. Box 40
Pleasantville, NY 10570
Ph: (800)431-1934
Fax: (914)769-2109 ; Website: http://www.nysunburst.com/

Waterfront Books

Waterfront Books serves parents and professionals working with youth and the challenges they face at home, schools and the community. The company locates materials for both adults and children on the following topics: teaching and learning of healthy coping skills, overcoming barriers to learning, support for families and parenting, loss and grieving, illness, drugs and alcohol, safety and sexuality, special needs, and a variety of personal and social issues.

Contact: 85 Crescent Road
Burlington, VT 05401
Ph: (800) 639-6063
Fax: (802)658-7477

Zephyr Press

This publishing company produces an extensive selection of educational curriculums, training videos, and supplementary classroom materials applying the Multiple Intelligences (MI) theory of learning.

Contact: 3316 N. Chapel Ave.,
P.O. Box 66006-C,
Tucson, AZ 85728-6006
Ph: (520)322-5090;
Fax: (520)323-9402
Website: http://www.zephyrpress.com/

Topics include multiple intelligences, visual-spatial intelligence, bodily-kinesthetic intelligence, logical-mathematical intelligence, intrapersonal intelligence, interpersonal intelligence, verbal-linguistic intelligence, new ways of learning, and integrated curriculum.

Section III

In this section, you will find samples of fact sheets provided by organizations listed in Section I. These are grouped by the organization.

A. *Mental Health and Psycho-Social Problems*

1. General

- **Mental, Emotional, and Behavior Disorders in Children and Adolescents**
- **Cultural Competence in Serving Children and Adolescents with Mental Health Problems**
- **Children's and Adolescent's Mental Health**

2. Specific Types of Problems (A Sampling of Fact Sheets from Several Agencies)

- *U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services*
    - **Adolescent Homocide**
    - **Anxiety Disorders in Children and Adolescents**
    - **Conduct Disorder in Children and Adolescents**
    - **Major Depression in Children and Adolescents**
- *American Academy of Child and Adolescent Psychiatry (AACAP)*
    - **Child Abuse - The Hidden Bruises**
    - **Child Sexual Abuse**
    - **Children on TV Violence**
    - **Children of Alcoholics**
    - **Children Who Can't Pay Attention**
    - **Learning Disabilities**
    - **Responding to Child Sexual Abuse**
    - **Teens, Drugs and Alcohol**
    - **Teen Suicide**
- *National Assocation of School Psychologists (NASP)*
    - **Shyness**
    - **Children and Masturbation**
    - **Children and Depression**
    - **Children and Household Chores**
    - **Children and Study Skills**

- *National Clearinghouse for Alcohol and Drug Information (NCADI)*
    - Alcohol
    - Inhalants
    - Stimulants
- *National Adolescent Health Information Center (NAHIC)*
    - Fact Sheet on Adolescent Homicide

B. *Programs and Processes*

- *Advocates for Youth*
    - Programs at a Glance: Promising Adolescent Pregnancy Prevention Programs
- *U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services*
    - Radio Public Service Announcements
    - Systems of Care
- *American Psychological Association (APA)*
    - Anxiety Disorders: The Role of Therapy in Effective Treatment
    - How Therapy Helps People Recover from Depression
    - How to Find Help Through Therapy
    - Managing Traumatic Stress

A. *Some General Handouts Discussing Mental Health and Psychosocial Problems*

- Mental, Emotional, and Behavior Disorders in Children and Adolescents
- Cultural Competence in Serving Children and Adolescents with Mental Health Problems
- Children's and Adolescent's Mental Health

FACT SHEET

Mental, Emotional, and Behavior Disorders in Children and Adolescents

The Center for Mental Health Services extends appreciation to the National Institute of Mental Health, which is part of the National Institutes of Health, for contributing to the preparation of this fact sheet. Any questions or comments about its contents may be directed to the CMHS National Mental Health Services Knowledge Exchange Network (KEN) — see contact information below.

Mental, Emotional, and Behavior Problems Are Real

Young people can have mental, emotional, and behavior problems that are real, painful, and costly. These problems, often called "disorders," are a source of stress for the child as well as the family, school, community, and larger society.

The number of families who are affected by mental, emotional, and behavior disorders in young people is staggering. It is estimated that as many as one in five children or adolescents may have a mental health problem that can be identified and treated. At least 1 in 20—or as many as 3 million young people—may have a "serious emotional disturbance."* This term refers to a mental health problem that severely disrupts a person's ability to function socially, academically, and emotionally.

Mental health disorders in children and adolescents are caused by biology, environment, or a mix of both. Examples of biological factors are genetics, chemical imbalances in the body, and damage to the central nervous system, such as a head injury. Many factors in a young person's environment can affect his or her mental health, such as exposure to violence, extreme stress, and loss of an important person.

Caring families and communities working together can help children and adolescents with mental disorders. A broad range of services often is necessary to meet the needs of these young people and families.

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders, among others. Mental health problems affect one in every five young people at any given time.

"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 20 young people at any given time.

The Disorders

Following are descriptions of some of the mental, emotional, and behavior problems that can occur during childhood and adolescence. All of these disorders can have a serious impact on a child's overall health.

**This fact sheet contains estimates of the prevalence (number of existing cases in a defined time period) of mental, emotional, and behavior disorders. These estimates are taken from several sources, most of which are small-scale studies that can yield only a rough gauge of prevalence rates. The National Institute of Mental Health is currently engaged in a nationwide study to determine with greater accuracy the prevalence of mental disorders among children and adolescents. This information is needed to increase understanding of mental health problems and to improve the treatment and services that help young people who are affected by these conditions.*

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CARING FOR EVERY CHILD'S MENTAL HEALTH: Communities Together Campaign

For information about children's mental health, contact the CMHS Knowledge Exchange Network
PO Box 42490 • Washington, DC 20015 • Toll-free 1800.789.2647 • ~~FAX 202.656.4012~~
FAX 301.984.8796 • TTY 301.443.9006 • CMHS Electronic Bulletin Board 1800.790.2647

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Some disorders are more common than others, and conditions can range from mild to severe. Often, a child has more than one disorder.

Anxiety disorders are among the most common of childhood disorders. They affect an estimated 8 to 10 of every 100 children and adolescents. These young people experience excessive fear, worry, or uneasiness that interferes with their daily lives. Anxiety disorders include:

- **phobia** — an unrealistic and overwhelming fear of some object or situation;
- **generalized anxiety disorder** — a pattern of excessive, unrealistic worry not attributable to any recent experience;
- **panic disorder** — terrifying panic attacks that include physical symptoms such as rapid heartbeat and dizziness;
- **obsessive-compulsive disorder** — being trapped in a pattern of repeated thoughts and behaviors such as counting or handwashing; and
- **post-traumatic stress disorder** — a pattern of flashbacks and other symptoms that occurs in children who have experienced a psychologically distressing event such as physical or sexual abuse, being a victim or witness of violence, or exposure to some other traumatic event such as a bombing or hurricane.

Major depression is recognized more and more in young people. Years ago, many people believed that major depression did not occur in childhood. But we now know that the disorder can occur at any age. Studies show that up to 6 out of every 100 children may have depression. The disorder is marked by changes in:

- emotion — the child often feels sad, cries, looks tearful, feels worthless;
- motivation — schoolwork declines, the child shows no interest in play;
- physical well-being — there may be changes in appetite or sleep patterns and vague physical complaints; and
- thoughts — the child believes that he or she is ugly, that he or she is unable to do anything right, or that the world or life is hopeless.

Some adolescents or even elementary school children with depression may not place any value on their own lives, which may lead to suicide.

Bipolar disorder (manic-depressive illness) in children and adolescents is marked by exaggerated mood swings between extreme lows (depression) and highs (excitedness or manic phases). Periods of moderate mood occur in between. During a manic phase, the child or adolescent may talk nonstop, need very little sleep, and show unusually poor judgment. Bipolar mood swings can recur throughout life. Adults with bipolar disorder, as common as 1 in 100 adults, often experienced their first symptoms during teenage years.

Attention-deficit/hyperactivity disorder occurs in up to 5 of every 100 children. A young person with attention-deficit/hyperactivity disorder is unable to focus attention and is often impulsive and easily distracted. Most children with this disorder have great difficulty remaining still, taking turns, and keeping quiet. Symptoms must be evident in at least two settings (for instance, at home and at school) for attention-deficit/hyperactivity disorder to be diagnosed.

Learning disorders affect the ability of children and adolescents to receive or express information. These problems can show up as difficulties with spoken and written language, coordination, attention, or self-control. Such difficulties can make it harder for a child to learn to read, write, or do math. Approximately 5 of every 100 children in public schools are identified as having a learning disorder.

Conduct disorder causes children and adolescents to act out their feelings or impulses toward others in destructive ways. Young people with conduct disorder repeatedly violate the basic rights of others and the rules of society. The offenses that these children and adolescents commit often get more serious over time. Examples include lying, theft, aggression, truancy, firesetting, and vandalism. Children and adolescents with conduct disorder usually have little care or concern for others. Current research has yielded varying estimates of the number of young people with this disorder; most estimates range from 4 to 10 of every 100 children and adolescents.

Eating disorders can be life threatening. A young person with **anorexia nervosa**, for example, cannot be persuaded to maintain a minimally normal body weight. This child or adolescent is intensely afraid of gaining weight and doesn't believe that he or she is underweight. Anorexia affects 1 in every 100 to 200 adolescent girls and a much smaller number of boys.

Youngsters with **bulimia nervosa** feel compelled to binge (eat huge amounts of food at a time). Afterward, to prevent weight gain, they rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively. Reported rates vary from 1 to 3 out of 100 young people.

Autism spectrum disorder or **autism** appears before a child's third birthday. Children with autism have problems interacting and communicating with others. They behave inappropriately, often repeating behaviors over long periods. For example, some children bang their heads, rock, or spin objects. The impairments range from mild to severe. Children with autistic disorder may have a very limited awareness of others and are at increased risk for other mental disorders. Studies suggest that autism spectrum disorder affects 7 to 14 of every 10,000 children.

Schizophrenia can be a devastating mental disorder. Young people with schizophrenia have psychotic periods when they may have hallucinations (sense things that do not exist, such as hearing voices), withdraw from others, and lose contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure. Schizophrenia is even more rare than autism in children under 12, but occurs in about 3 out of every 1000 adolescents.

Treatment, Support Services, and Research: Sources of Hope

> In a "System of Care," local organizations work in teams—with families as critical partners—to provide a full range of services to children and adolescents with serious emotional disturbances. The team strives to meet the unique needs of each young person and his or her family in or near their home. These services should also address and respect the culture and ethnicity of the people they serve. (For more information on systems of care, call 1.800.789.2647.)

Many of the symptoms and much of the distress associated with childhood and adolescent mental, emotional, and behavior problems may be alleviated with timely and appropriate treatment and support services.

A child or adolescent in need of treatment or services and his or her family may need a plan of care based on the severity and duration of symptoms. Optimally, this plan is developed with the family, service providers, and a service coordinator, who is referred to as a case manager. Whenever possible, the child or adolescent is involved in decisions.

Tying together all the various supports and services in a plan of care for a particular child and family is commonly referred to as a "system of care." A system of care is designed to improve the child's ability to function in all areas of life—at home, at school, and in the community. For a fact sheet on systems of care, call 1.800.789.2647.

Researchers are working to produce new knowledge and understanding about mental, emotional, and behavior disorders. Studies are also exploring ways to prevent and treat mental, emotional, and behavior problems, including the range of services that may be required.

Many of these studies are funded by Federal agencies within the Department of Health and Human Services, which include:

- the National Institutes of Health:
  - the National Institute of Mental Health
  - the National Institute of Child Health and Human Development
  - the National Institute for Drug Abuse

  - the National Institute on Alcoholism and Alcohol Abuse.
- the Substance Abuse and Mental Health Services Administration:
  - the Center for Mental Health Services
  - the Center for Substance Abuse Prevention
  - the Center for Substance Abuse Treatment.
- the Administration for Children and Families
- the Health Resources and Services Administration.

Related activities are taking place within:

- the Department of Education
- the Department of Justice.

There is now more reason than ever for youngsters with these problems and their families to lead normal, happy lives.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1.800.789.2647.

For free information about children's and adolescents' mental health—including publications, references, and referrals to local and national resources and organizations—call 1.800.789.2647; TTY 301.443.9006.

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Cultural Competence in Serving Children and Adolescents With Mental Health Problems

All cultures practice traditions that support and value their children and prepare them for living in their society. This way, cultures are preserved for future generations.

Culturally competent mental health service providers and the agencies that employ them are specially trained in specific behaviors, attitudes, and policies that recognize, respect, and value the uniqueness of individuals and groups whose cultures are different from those associated with mainstream America. These populations are frequently identified as being made up of people of color—such as Americans of African, Hispanic, Asian, and Native American descent. Nevertheless, cultural competence as a service delivery approach can be applied to systems that serve all persons, because everyone in the society has a culture and is part of several subcultures, including those related to gender, age, income level, geographic region, neighborhood, sexual orientation, religion, and physical disability.

Culturally competent service providers are aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of the people they serve. They are also aware of the impact of their own culture on the therapeutic relationship and take all of these factors into account when planning and delivering services for children and adolescents with mental health problems and their families.

In a "System of Care," local organizations work in teams–with families as critical partners–to provide a full range of services to children and adolescents with serious emotional disturbances. The team strives to meet the unique needs of each young person and his or her family in or near their home. These services should also address and respect the culture and ethnicity of the people they serve. (For more information on systems of care, call 1.800.789.2647.)

Goals and Principles of Cultural Competence

Culturally competent "systems of care" provide appropriate services to children and families of all cultures. Designed to respect the uniqueness of cultural influences, these systems work best within a family's cultural framework. Nine principles govern the development of culturally competent programs:

1. The family, however defined, is the consumer and usually the focus of treatment and services.
2. Americans with diverse racial/ethnic backgrounds are often bicultural or multicultural. As a result, they may have a unique set of mental health issues that must be recognized and addressed.
3. Families make choices based on their cultural backgrounds. Service providers must respect and build upon their own cultural knowledge as well as the families' strengths.
4. Cross-cultural relationships between providers and consumers may include major differences in world views. These differences must be acknowledged and addressed.

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5. Cultural knowledge and sensitivity must be incorporated into program policymaking, administration, and services.
6. Natural helping networks such as neighborhood organizations, community leaders, and natural healers can be a vital source of support to consumers. These support systems should be respected and, when appropriate, included in the treatment plan.
7. In culturally competent systems of care, the community, as well as the family, determine direction and goals.
8. Programs must do more than offer equal, nondiscriminatory services; they must tailor services to their consumer populations.
9. When boards and programs include staff who share the cultural background of their consumers, the programs tend to be more effective.

Ideally, culturally competent programs include multilingual, multicultural staff and involve community outreach. Types of services should be culturally appropriate; for example, extended family members may be involved in service approaches, when appropriate. Programs may display culturally relevant artwork and magazines to show respect and increase consumer comfort with services. Office hours should not conflict with holidays or work schedules of the consumers.

Developing Cultural Competence

Although some service providers are making progress toward cultural competence, much more needs to be done. Increased opportunities must be provided for ongoing staff development and for employing multicultural staffs. Improved culturally valid assessment tools are needed. More research will be useful in determining the effectiveness of programs that serve children and families from a variety of cultural backgrounds.

For many programs, cultural competence represents a new way of thinking about the philosophy, content, and delivery of mental health services. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice. Even the concept of a mental disorder may reflect a western culture medical model.

At the Policymaking Level

Programs that are culturally competent:

- appoint board members from the community so that voices from all groups of people within the community participate in decisions;
- actively recruit multiethnic and multiracial staff;
- provide ongoing staff training and support developing cultural competence;
- develop, mandate, and promote standards for culturally competent services;
- insist on evidence of cultural competence when contracting for services;
- nurture and support new community-based multicultural programs and engage in or support research on cultural competence;
- support the inclusion of cultural competence on provider licensure and certification examinations; and
- support the development of culturally appropriate assessment instruments, for psychological tests, and interview guides.

At the Administrative Level

Culturally competent administrators:

- include cultural competency requirements in staff job descriptions and discuss the importance of cultural awareness and competency with potential employees;
- ensure that all staff participate in regular, inservice cultural competency training;
- promote programs that respect and incorporate cultural differences; and
- consider whether the facility's location, hours, and staffing are accessible and whether its physical appearance is respectful of different cultural groups.

At the Service Level

Practitioners who are culturally competent:

- learn as much as they can about an individual's or family's culture, while recognizing the influence of their own background on their responses to cultural differences;
- include neighborhood and community outreach efforts and involve community cultural leaders if possible;
- work within each person's family structure, which may include grandparents, other relatives, and friends;
- recognize, accept, and, when appropriate, incorporate the role of natural helpers (such as shamans or curanderos);
- understand the different expectations people may have about the way services are offered (for example, sharing a meal may be an essential feature of home-based mental health services; a period of social conversation may be necessary before each contact with a person; or access to a family may be gained only through an elder);
- know that, for many people, additional tangible services—such as assistance in obtaining housing, clothing, and transportation or resolving a problem with a child's school—are expected, and work with other community agencies to make sure these services are provided;
- adhere to traditions relating to gender and age that may play a part in certain cultures (for example, in many racial and ethnic groups, elders are highly respected). With an awareness of how different groups show respect, providers can properly interpret the various ways people communicate.

Achieving Cultural Competence

To become culturally competent, programs may need to:

- assess their current level of cultural competence;
- develop support for change throughout the organization and community;
- identify the leadership and resources needed to change;
- devise a comprehensive cultural competence plan with specific action steps and deadlines for achievement; and
- commit to an ongoing evaluation of progress and a willingness to respond to change.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1.800.789.2647.

This fact sheet is based on a monograph, *Towards a Culturally Competent System of Care*, authored by Terry L. Cross, Karl W. Dennis, Mareasa R. Isaacs, and Barbara J. Bazron, under the auspices of the National Technical Assistance Center for Children's Mental Health at Georgetown University in Washington, D.C., and funded by the National Institute of Mental Health (1989).

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Children's and Adolescents' Mental Health

Mental Health Is Important

Mental health is how we think, feel, and act as we face life's situations. It is how we look at ourselves, our lives, and the people in our lives. It is how we evaluate options and make choices. Like our physical health, our mental health is important at every stage of life. Mental health includes how we handle stress, relate to others, and make decisions.

Mental health ranges from good to not so good and even to poor. A person's mental health may move through the range; sometimes that person is healthier than at other times. Sometimes he or she needs help handling problems. Many people experience mental health problems at some time during their lives.

Mental health can impact the daily life and the future of a young person. For example, schoolwork, relationships, and physical health can be affected by mental health. Caring for and protecting a child's mental health is a major part of helping that child grow to become the best he or she can be.

Children and Adolescents Can Have Mental Health Problems

Like adults, children and adolescents can have mental health problems that interfere with the way they think, feel, and act. These problems are real and painful. They can lead to school failure, family conflicts, drug abuse, violence, or suicide. Mental health problems often limit young people's current and future ability to be productive. In addition, these problems can be very costly to families, communities, and the health care system.

Mental Health Problems Can Be Severe

Sometimes a young person has a mental health problem that severely disrupts his or her ability to function at home, in school, or in the community. This child or adolescent is said to have a "serious emotional disturbance." Usually the impaired emotional, behavioral, and mental functioning continues for a year or more. In some cases, the impairment lasts for a shorter period of time, but its severity is high or life-threatening.

These Problems Are Common in Young People

Many children and adolescents are affected by mental health problems. Studies show that, at any given time, at least one in five children and adolescents may have a mental health problem. At least 1 in 20—or as many as 3 million young people—may have a serious emotional disturbance. For information about the mental, emotional, and behavior disorders that can affect young people, call 1.800.789.2647.

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders, among others. Mental health problems affect one in every five young people at any given time.

"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 20 young people at any given time.

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The Causes Are Complicated

Mental health problems in children and adolescents can be caused by biology, environment, or a mix of both. Examples of biological causes are genetics, chemical imbalances in the body, and damage to the central nervous system, such as a head injury. There are many environmental factors that can put young people at risk of developing mental health problems. Examples of these factors include:

- exposure to environmental toxins, such as high levels of lead;
- exposure to violence, such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings, or other disasters;
- stress related to chronic poverty, discrimination, or other serious hardships; and
- loss of important people in the lives of young people through death, divorce, or broken relationships.

Families, schools, and communities are learning how to work together to provide healthy, safe, and supportive environments for children.

Some Warning Signs

A variety of signs *may* point to a possible mental health problem or serious emotional disturbance in a child or adolescent. Some of them are included in the list below. Pay attention if a child or adolescent you know:

Is troubled by feeling:

- really sad and hopeless without good reason and the feelings don't go away;
- very angry most of the time, cries a lot or overreacts to things;
- worthless or guilty a lot;
- anxious or worried a lot more than other young people;
- unable to get over a loss or death of someone important;
- extremely fearful—has unexplained fears or more fears than most kids;
- constantly concerned about physical problems or physical appearance;
- frightened that his or her mind is controlled or is out of control.

Experiences big changes, for example:

- does much worse in school;
- loses interest in things usually enjoyed;
- has unexplained changes in sleeping or eating;
- avoids friends or family and wants to be alone all the time;
- daydreams too much and can't get things done;
- feels life is too hard to handle or considers suicide;
- hears voices that cannot be explained.

Is limited by:

- poor concentration—can't think straight or make up his or her mind;
- inability to sit still or focus attention;
- worry about being harmed, hurting others, or about doing something "bad";
- need to wash, clean things, or perform certain routines hundreds of times a day in order to avoid danger;
- thoughts that race—almost too fast to follow;
- persistent nightmares.

Behaves in ways that cause problems, for example:

- uses alcohol or other drugs;
- eats large amounts of food and then makes self vomit, abuses laxatives, or takes enemas to avoid weight gain;
- continues to diet and/or exercise obsessively although bone-thin;
- constantly violates the rights of others or breaks the law without regard for other people;
- does things that can be life threatening.

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If there is concern about a child's or adolescent's mental health, it is important to get help as soon as possible.

Services Can Help

Caring families and communities working together with service providers can help young people with mental health problems. These problems in children and adolescents can be recognized and treated. Depending on the problem a young person has, the range of services helping him or her may include:*

- case management (service coordination)
- community-based in-patient psychiatric care
- counseling (individual, group, and youth)
- crisis residential care
- crisis outreach teams
- day treatment
- education/special education services
- family support
- health services
- independent living supports
- intensive family-based counseling (in the home)
- legal services
- protection and advocacy
- psychiatric consultation
- recreation therapy
- residential treatment
- respite care
- self-help or support groups
- small therapeutic group care
- therapeutic foster care
- transportation
- tutoring
- vocational counseling.

The range of services that children and adolescents may need is coordinated in "systems of care," which exist in some communities. In systems of care, families and service providers work as partners to help young people with mental health problems. The focus of this help is to find and build upon the strengths—not the difficulties—of each young person and family. The ethnic and cultural values of the people being served are understood and respected and used in the design of these systems. Mental health services and treatments for children and adolescents and their families are being improved through research. For more information on systems of care and cultural competence, call 1.800.789.2647.

Finding the Right Services

To find the right services for their children, families can:

- get accurate information from hotlines, libraries, or other sources;
- seek referrals from professionals;
- ask questions about treatments and services;
- talk to other families in their communities; and
- find family network organizations.

It is important for people who are not satisfied with the mental health care they are receiving to discuss their concerns with the provider, to ask for information, and/or to seek help from other sources.

Many Young People Still Need Help

An estimated two-thirds of all young people with mental health problems who need help are not getting it!

Most often, children's and adolescents' mental health problems are not recognized for what they are—and appropriate help is not sought.

The stigma about mental health problems keeps many people from asking for help. Stigma also causes isolation and discrimination for many young people and their families. Punishment is often incorrectly used to try to solve these problems within the home, at school, or in the juvenile justice system.

Good information about children's mental health problems is not available to many people who work with and care for children and adolescents. In addition, culturally competent and child-focused mental health services

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**This list is not meant to be complete. Individualized services for children and their families implies flexibility, which creates a set of services uniquely suited for an individual child and family.*

are not yet available in every community. Sometimes, there is not a good match between the family or problem and the provider or service that is offered.

When a serious emotional disturbance in a child or adolescent goes untreated, it can have grave personal, social, and economic impacts on the child and his or her family. The child may experience major problems interacting with others, fail in school, act out or show violent behavior, or have additional or more severe mental health problems as an adult. The family may incur high medical bills and the community also pays if the child becomes involved in the juvenile justice system. Most of all, the child pays if he or she doesn't get help.

Raising public awareness about children's mental health issues may lead to earlier recognition of possible mental health problems. Identifying these problems when they first appear may help to keep them from getting worse later.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1.800.789.2647.

Recommendations:

- Promote the development of appropriate and accessible mental health services in your community.
- Support research on children's and adolescents' mental health.

For free information about children's and adolescents' mental health—including publications, references, and referrals to local and national resources and organizations—call 1.800.789.2647; TTY 301.443.9006

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B. *Specific Types of Problems (A Sampling of Fact Sheets from Several Agencies)*

- ***U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services***

  - **Anxiety Disorders in Children and Adolescents**
  - **Conduct Disorder in Children and Adolescents**
  - **Major Depression in Children and Adolescents**

- *American Academy of Child and Adolescent Psychiatry (AACAP)*

  - **Child Abuse - The Hidden Bruises**
  - **Child Sexual Abuse**
  - **Children on TV Violence**
  - **Children of Alcoholics**
  - **Children Who Can't Pay Attention**
  - **Learning Disabilities**
  - **Responding to Child Sexual Abuse**
  - **Teens, Drugs and Alcohol**
  - **Teen Suicide**

- *National Assocation of School Psychologists (NASP)*

  - **Shyness**
  - **Children and Masturbation**
  - **Children and Depression**
  - **Children and Household Chores**
  - **Children and Study Skills**

- *National Clearinghouse for Alcohol and Drug Information (NCADI)*

  - **Alcohol**
  - **Inhalants**
  - **Stimulants**

- *National Adolescent Health Information Center (NAHIC)*

  - **Fact Sheet on Adolescent Homicide**

CARING FOR EVERY CHILD'S MENTAL HEALTH
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FACT SHEET

Anxiety Disorders in Children and Adolescents

This is one of a series of fact sheets on the mental, emotional, and behavior disorders that can appear in childhood or adolescence. The Center for Mental Health Services extends appreciation to the National Institute of Mental Health for contributing to the preparation of this fact sheet. Any questions or comments about its contents may be directed to the CMHS National Mental Health Services Knowledge Exchange Network (KEN) — see contact information below.

What Are Anxiety Disorders?

Young people with an anxiety disorder typically are so afraid, worried, or uneasy that they cannot function normally. Anxiety disorders can be long-lasting and interfere greatly with a child's life. If not treated early, anxiety disorders can lead to:

- missed school days or an inability to finish school;
- impaired relations with peers;
- low self-esteem;
- alcohol or other drug use;
- problems adjusting to work situations; and
- anxiety disorder in adulthood.

What Are the Signs of Anxiety Disorder?

There are a number of different anxiety disorders that affect children and adolescents. Several are described below.

Generalized Anxiety Disorder. Children and adolescents with this disorder experience extreme, unrealistic worry that does not seem to be related to any recent event. Typically, these young people are very self-conscious, feel tense, have a strong need for reassurance, and complain about stomach aches or other discomforts that don't appear to have any physical basis.

Phobias. A phobia is an unrealistic and excessive fear of some situation or object. Some phobias, called specific phobias, center on animals, storms, water, heights, or situations, such as being in an enclosed space. Children and adolescents with social phobias are terrified of being criticized or judged harshly by others. Because young people with phobias will try to avoid the objects and situations that they fear, the disorder can greatly restrict their lives.

Panic Disorder. Panic disorder is marked by repeated panic attacks without apparent cause. Panic attacks are periods of intense fear accompanied by pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. The experience is so scary that the young person lives in dread of another attack. He or she may go to great lengths to avoid any situation that seems likely to bring on a panic attack. A child with panic disorder may not want to go to school or be separated from his or her parents.

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"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 20 young people at any given time.

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Obsessive-Compulsive Disorder. A child with obsessive-compulsive disorder becomes trapped in a pattern of repetitive thoughts and behaviors. Even though the child may agree that the thoughts or behaviors appear senseless and distressing, the repetitions are very hard to stop. The compulsive behaviors may include repeated hand washing, counting, or arranging and rearranging objects.

Post-Traumatic Stress Disorder. Post-traumatic stress disorder can develop in children or adolescents after they experience a very stressful event. Such events may include physical or sexual abuse; being a victim of or witnessing violence; or being caught in a disaster, such as a bombing or hurricane. Young people with post-traumatic stress disorder experience the event again and again in strong memories, flashbacks, or troublesome thoughts. As a result, the young person may try to avoid anything associated with the trauma. They may also overreact when startled or have difficulty sleeping.

How Common Are Anxiety Disorders?

Anxiety disorders are among the most common mental, emotional, and behavior problems that occur during childhood and adolescence. As many as 1 in 10 young people may have an anxiety disorder.* Among adolescents, more girls than boys are affected. About half of the children and adolescents with anxiety disorders also have a second anxiety disorder or other mental or behavioral disorder, such as depression.

Who Is at Risk?

Researchers have found that a person's basic temperament may play a role in some childhood and adolescent anxiety disorders. For example, some young people tend to be very shy and restrained in unfamiliar situations. This may be a sign that the child or adolescent is at risk for developing an anxiety disorder.

Researchers also suggest watching for signs of anxiety disorders when children are between the ages of 6 and 8. At this age, children grow less afraid of the dark and imaginary creatures and more anxious about school performance and social relationships. High levels of anxiety in a child aged 6 to 8, therefore, may be a warning sign that the child may develop anxiety disorder later. A child's fears may change as a child ages, which complicates research.

Studies suggest that children or adolescents are more likely to have an anxiety disorder if their parents have anxiety disorders. However, the studies do not prove whether the disorders are caused by biology, environment, or both. More studies are needed to clarify whether or not anxiety disorders can be inherited. The Federal Government's National Institute of Mental Health, a part of the National Institutes of Health, is pursuing a wide range of studies on anxiety disorders in children, adolescents, and adults.*

What Help Is Available for a Young Person With an Anxiety Disorder?

Children and adolescents with anxiety disorders can benefit from a variety of treatments and services. After an accurate diagnosis, possible treatments include:

- cognitive-behavioral treatment (where young people learn to deal with fears by modifying the way they think and behave);
- other individual therapy;
- family therapy;
- parent training; and
- medication.

While cognitive-behavioral approaches are effective in treating some anxiety disorders, medications work well with others. Some anxiety disorders benefit from a combination of these treatments. In general, more studies are needed to find which treatments work best for the various types of anxiety disorders.

A child or adolescent in need of treatment or services and his or her family may need a plan of care based on the severity and duration of symptoms. Optimally, this plan is developed with the family, service providers, and a service coordinator, who is referred to as a case manager. Whenever possible, the child or adolescent is involved in decisions.

**This estimate provides only a rough gauge of the prevalence rates (number of existing cases in a defined time period) for these disorders. The National Institute of Mental Health is currently engaged in a nationwide study to determine with greater accuracy the prevalence of mental disorders among children and adolescents. This information is needed to increase understanding of mental health problems and to improve the treatments and services that help young people who are affected by these conditions.*

Tying together all the various supports and services in a plan of care for a particular child and family is commonly referred to as a "system of care." A system of care is designed to improve the child's ability to function in all areas of life—at home, at school, and in the community.

In a "System of Care," local organizations work in teams—with families as critical partners—to provide a full range of services to children and adolescents with serious emotional disturbances. The team strives to meet the unique needs of each young person and his or her family in or near their home. These services should also address and respect the culture and ethnicity of the people they serve. (For more information on systems of care, call 1.800.789.2647.)

What Can Parents Do?

If parents or other caregivers notice repeated symptoms of an anxiety disorder in a child or adolescent, they should:

- Talk with the child's doctor. The doctor can help determine whether the symptoms are caused by an anxiety disorder or by some other condition. Then, if needed, the doctor can refer the family to a mental health professional.
- Look for a mental health professional who has training and experience:
    - working with children and adolescents;
    - using cognitive-behavioral or behavior therapy; and
    - prescribing medications for this disorder or, if appropriate, cooperating with a physician who prescribes medications.

The mental health professional should be willing to work closely with the parents as well as with the child or adolescent and his or her school.

- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk to other families in the community.
- Find family network organizations.

It is important for people who are not satisfied with the mental health care they are receiving to discuss their concerns with the provider, to ask for information, and/or to seek help from other sources.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
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FACT SHEET

Conduct Disorder in Children and Adolescents

This is one of a series of fact sheets on the mental, emotional, and behavior disorders that can appear in childhood or adolescence. The Center for Mental Health Services extends appreciation to the National Institute of Mental Health for contributing to the preparation of this fact sheet. Any questions or comments about its contents may be directed to the CMHS National Mental Health Services Knowledge Exchange Network (KEN) — see contact information below.

What Is Conduct Disorder?

Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely if the behavior continues for a period of 6 months or longer. Because of the impact conduct disorder has on the child and his or her family, neighbors, and adjustment at school, conduct disorder is known as a "disruptive behavior disorder."

Another disruptive disorder, called oppositional defiant disorder, often occurs before conduct disorder and may be an early sign of conduct disorder. Oppositional defiant disorder is diagnosed when a child's behavior is hostile and defiant for 6 months or longer. Oppositional defiant disorder can start in the preschool years, whereas conduct disorder generally appears when children are somewhat older. Oppositional defiant disorder is not diagnosed if conduct disorder is present.

What Are the Signs of Conduct Disorder?

Some symptoms of conduct disorder include:

- aggressive behavior that harms or threatens to harm other people or animals;
- destructive behavior that damages or destroys property;
- lying or theft; and
- skipping school or other serious violations of rules.

Children with oppositional defiant disorder or conduct disorder may have other problems as well, including:

- hyperactivity;
- anxiety;
- depression;
- academic difficulties; and
- problems with peer relationships.

How Common is Conduct Disorder?

As many as 1 in 10 children and adolescents may have conduct disorder.* Most children and adolescents with conduct disorder do not have lifelong patterns of conduct problems and antisocial behavior.

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"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 20 young people at any given time.

**This estimate provides only a rough gauge of the prevalence rates (number of existing cases in a defined time period) for this disorder. The National Institute of Mental Health is currently engaged in a nationwide study to determine with greater accuracy the prevalence of mental disorders among children and adolescents. This information is needed to increase understanding of mental health problems and to improve the treatments and services that help young people who are affected by these conditions.*

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Who Is at Risk?

Years of research show that the most troubling cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" are at risk for developing conduct disorder. Other factors that may make a child more likely to develop conduct disorder include:

- inconsistent rules and harsh discipline;
- lack of supervision or guidance;
- frequent change in caregivers;
- poverty;
- neglect or abuse; and
- a delinquent peer group.

In a "System of Care," local organizations work in teams—with families as critical partners—to provide a full range of services to children and adolescents with serious emotional disturbances. The team strives to meet the unique needs of each young person and his or her family in or near their home. These services should also address and respect the culture and ethnicity of the people they serve. (For more information on systems of care, call 1.800.789.2647.)

What Help Is Available for Families?

Conduct disorder is one of the most difficult behavior disorders of childhood and adolescence to treat successfully. However, young people with conduct disorder often benefit from a range of services, which might include:

- parent training on how to handle their child's or adolescent's behavior;
- family therapy;
- training in problem-solving skills for children or adolescents; and
- community-based services that focus on the young person within the context of family and community influences.

A child or adolescent in need of treatment or services and his or her family may need a plan of care based on the severity and duration of symptoms. Optimally, this plan is developed with the family, service providers, and a service coordinator, who is referred to as a case manager. Whenever possible, the child or adolescent is involved in decisions.

Tying together all the various supports and services in a plan of care for a particular child and family is commonly referred to as a "system of care." A system of care is designed to improve the child's ability to function in all areas of life—at home, at school, and in the community.

What Can Parents Do?

Antisocial behavior in children and adolescents is very hard to change after it has become ingrained. Therefore, the earlier the problem is identified and treated, the better. Some recent studies have focused on promising ways to prevent conduct disorder among children and adolescents who are at risk for developing the disorder. Most children or adolescents with conduct disorder are probably reacting to events and situations in their lives. More research is needed to determine if biology is a factor in conduct disorder.

Parents should:

- Pay careful attention when a child or adolescent shows signs of oppositional defiant disorder or conduct disorder and try to understand the reasons behind it. Then parents can try to improve the situation or their own reactions.
- Talk with a mental health or social service professional, such as a teacher, counselor, psychiatrist, or psychologist specializing in childhood and adolescent disorders (if parents cannot reduce their child's or adolescent's antisocial behavior on their own).
- Get accurate information from libraries, hotlines, or other sources.
- Talk to other families in their community.
- Find family network organizations.

It is important for people who are not satisfied with the mental health care they are receiving to discuss their concerns with the provider, to ask for information, and/or to seek help from other sources.

Important Messages About Children's and Adolescents' Mental Health:

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- Many children have mental health problems.
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FACT SHEET

Major Depression in Children and Adolescents

This is one of a series of fact sheets on the mental, emotional, and behavior disorders that can appear in childhood or adolescence. The Center for Mental Health Services extends appreciation to the National Institute of Mental Health for contributing to the preparation of this fact sheet. Any questions or comments about its contents may be directed to the CMHS National Mental Health Services Knowledge Exchange Network (KEN) — see contact information below.

What Is Depression?

Major depression is one of the mental, emotional, and behavior disorders that can appear during childhood and adolescence. This type of depression affects a young person's thoughts, feelings, behavior, and body. Major depression in children and adolescents is serious; it is more than "the blues." Depression can lead to school failure, alcohol or other drug use, and even suicide.

What Are the Signs of Depression?

Young people with depression may have a hard time coping with everyday activities and responsibilities, have difficulty getting along with others, and suffer from low self-esteem. Signs of depression often include:

- sadness that won't go away;
- hopelessness;
- loss of interest in usual activities;
- changes in eating or sleeping habits;
- missed school or poor school performance;
- aches and pains that don't get better with treatment; and
- thoughts about death or suicide.

Some young children with this disorder may pretend to be sick, be overactive, cling to their parents and refuse to go to school, or worry that their parents may die. Older children and adolescents with depression may sulk, refuse to participate in family and social activities, get into trouble at school, use alcohol or other drugs, or stop paying attention to their appearance. They may also become negative, restless, grouchy, aggressive, or feel that no one understands them. Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children.

How Common is Depression?

Recent studies show that, at any given time, as many as 1 in every 33 children may have depression. The rate of

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depression among adolescents is closer to that of depression in adults, and may be as high as one in eight.*

Having a family history of depression, particularly a parent who had depression at an early age, increases the chances that a child or adolescent may develop depression. Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next 5 years. This young person is also at risk for other mental health problems.

What Help Is Available for a Young Person with Depression?

While several types of antidepressant medications can be effective to treat adults with depression, these medications may not be as effective in treating children and adolescents. Additional research is needed to determine whether antidepressants are useful in helping young people. Researchers also are concerned about potential severe side effects of these medications.

Some success has been reported recently with a drug called fluoxetine (Prozac). Fluoxetine seems to have fewer side effects than other antidepressant medications. However, care must be used in prescribing and monitoring all medication.

Many mental health care providers use counseling to help children and adolescents with depression. The National Institute of Mental Health has made it a priority to evaluate the effectiveness of individual counseling, family counseling, and group therapy.

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Tying together all the various supports and services in a plan of care for a particular child and family is commonly referred to as a "system of care." A system of care is designed to improve the child's ability to function in all areas of life—at home, at school, and in the community.

What Can Parents Do?

If parents or other important adults in a child's or teenager's life suspect a problem with depression, they should:

- Make careful notes about the behaviors that concern them. Note how long the behaviors have been going on, how often they occur, and how severe they seem.
- Get an appointment with a mental health professional or the child's doctor for evaluation and diagnosis.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

Vol. 1, No. 5

CHILD ABUSE — THE HIDDEN BRUISES

The statistics on physical child abuse are alarming. Of the estimated 250,000 to 500,000 children battered each year by a parent or close relative, at least 4000 die. For those who survive, the emotional effects remain long after the external bruises have healed. Communities and the courts recognize that these emotional "hidden bruises" can be successfully treated.

Often the severe emotional damage to abused children does not surface until adolescence or later, when many abused children become abusing parents. An adult who was abused as a child has trouble establishing intimate personal relationships, with a tendency to see all other adults as potential abusers. These men and women "cannot stand to be touched." Without proper treatment, they can be damaged for life.

Children who have been abused may display:

- o A poor self-image;
- o Inability to depend on, trust or love others;
- o Aggressive and disruptive--sometimes illegal--behavior;
- o Passive and withdrawn behavior; fear of entering into new relationships or activities;

-more-

- Academic failure;
- Serious drug and alcohol abuse.

As a physician with five years of advanced training in general and child psychiatry, the child psychiatrist is able to treat the "whole child"--medical as well as psychological or emotional problems that have occurred as a result of the abuse. Through treatment, the abused child begins to regain a sense of self-confidence and trust. The child psychiatrist can also help the family learn new ways of support and communicating with one another.

Battering is not the only kind of child abuse. Many children are victims of neglect, or sexual or emotional abuse. In all kinds of child abuse, the child and the family can benefit from the comprehensive evaluation and care of a child psychiatrist.

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Facts for Families

from the American Academy of Child Psychiatry

Vol. 1, No. 9

CHILD SEXUAL ABUSE

Child sexual abuse has been reported up to 80,000 times a year, but the number of unreported instances is far greater because the children are afraid to tell anyone what has happened, and the legal procedure of validating an episode is difficult. But without identification of the problem, termination of the abuse and professional help, the long-term emotional and psychological damage can be devastating.

Child sexual abuse can take place within the family, by a parent, step-parent, sibling or other relative; or outside the home, for example, by a friend, neighbor, child care person, teacher or random molester. Wherever the sexual abuse has occurred, the child develops a variety of distressing feelings and thoughts.

No child is psychologically equipped to handle repeated sexual stimulation. Even a two- or three-year old, who cannot know the sexual activity is "wrong," will develop problems resulting from the inability to cope with the overstimulation.

The child of five or older who knows and cares for the abuser becomes trapped between his or her affection for the person and the sense that the sexual activities are terribly wrong. If the child tries to break away from the sexual relationship, the abuser may threaten the child with violence or loss of love. When sexual abuse occurs within the family, the child may fear the anger, jealousy or shame of other family members, or be afraid the family will break up if the secret is told.

A child who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness and an abnormal perspective on sexuality. The child may become withdrawn and mistrustful of adults, and could become suicidal.

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Some children who have been sexually abused have difficulty relating to others except on sexual terms. Many sexually abused children become child abusers or prostitutes, or have other serious problems when they reach adulthood.

Often there are no physical signs of child abuse, or signs that only a physician could detect, such as changes in the genital or anal areas.

The behavior of sexually abused children may include:

- Unusual interest in or avoidance of all things of a sexual nature.
- Sleep problems; nightmares.
- Depression or withdrawal from friends or family.
- Seductiveness.
- Statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area.
- Refusal to go to school, or delinquency.
- Secretiveness.
- Aspects of sexual molestation in drawings, games, fantasies.
- Unusual aggressiveness.
- Suicidal behavior.
- Other radical behavior changes.

Because child sexual abusers can make the child extremely fearful of "telling," parents should make a special effort to assure children that they can talk freely.

If a child says that he or she has been molested, parents should stress that what happened was not the fault of the child, who should receive both a medical examination and a psychiatric evaluation.

Preventive measures that parents can take:

- Tell children that "If someone tries to touch your body and do things that make you feel funny, say NO to that person and tell me right away."
- Teach children that respect does not mean blind obedience to adults and to authority -- for example, don't tell children to "Always do everything the teacher or babysitter tells you to do."
- Encourage professional prevention programs in the local school system.

Professional treatment as soon as possible for the sexually abused child is the best way to overcome the risk that the child will develop serious problems as an adult. The child psychiatrist helps the child regain a sense of self-esteem and relieve feelings of guilt about the abuse, and also helps family members understand how to assist the child in overcoming the trauma.

# # #

Facts for Families
from the American Academy of Child Psychiatry

Vol. II, No. 2

CHILDREN AND TV VIOLENCE

American children watch an average of three or four hours of television daily. Television can be a powerful influence in developing value systems and shaping behavior. Unfortunately, much of today's television programming is violent. Child psychiatrists studying the effects of TV violence on children and teenagers have found that they may:

- Imitate the violence they observe on television;
- Identify with certain characters, victims and/or victimizers;
- Become "immune" to the horror of violence; and
- Gradually accept violence as a way to solve problems.

Thus, extensive viewing of television violence by children causes greater aggressiveness. Sometimes, watching a single violent program can increase aggressiveness. Children who view shows in which violence is very realistic, frequently repeated or unpunished, are more likely to imitate what they see. The impact of TV violence may be immediately evident in the child's behavior or may surface years later, and young people can even be affected when the family atmosphere shows no tendency toward violence.

This does not mean that violence on television is the only source for aggressive or violent behavior, but it is a significant source.

Parents can protect children from excessive TV violence in the following ways:

- Pay attention to the programs their children are watching.
- Set limits on the amount of time they spend with television.

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- Refuse to let them see shows known to be violent, and change the channel or turn off the TV set when something offensive comes on, with an explanation of what is wrong with the program.
- Point out that although the actor has not actually been hurt or killed, such violence in real life results in pain or death.
- Disapprove of the violent episodes in front of the children, stressing the belief that such behavior is not the best way to resolve a problem.
- To offset peer pressure among friends and classmates, contact other parents and agree to enforce similar rules about the length of time and type of program the children may watch.

Parents should also use these measures to prevent harmful effects from television in other areas such as racial or sexual stereotyping. The amount of time children watch TV, regardless of content, should be moderated, say child psychiatrists, because it keeps children from other, more beneficial activities such as reading and playing with friends. If parents have serious difficulties setting limits, or deep concerns about how their child is reacting to television, they should contact a child psychiatrist for help with the problem.

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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

Vol. II, No. 6

CHILDREN OF ALCOHOLICS

At least seven million American children have alcoholic parents. Child psychiatrists know these children are at greater risk for having emotional problems than children whose parents are not alcoholics. Alcoholism runs in families, and children of alcoholics are four times more likely than other children to become alcoholics.

A child in such a family may have a variety of problems:

- Guilt. The child may see himself or herself as the main cause of the mother's or father's drinking.
- Anxiety. The child may worry constantly about the situation at home. He or she is afraid the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents.
- Embarrassment. Parents may give the message that there is a terrible secret at home. The ashamed child does not invite friends home and is afraid to ask anyone for help.
- Inability to have close relationships. Because the child has been disappointed by the drinking parent many times, he or she often does not trust others.
- Confusion. The alcoholic parent will change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child, does not exist because bedtimes and mealtimes are constantly changing.
- Anger. The child feels anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection.
- Depression. The child feels lonely and helpless to change the situation.

Although the child tries to keep the alcoholism a secret, teachers, relatives, other adults or friends may sense that something is wrong. Child psychiatrists advise

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that the following behaviors may signal a drinking problem at home:

- Failure in school; truancy.
- Lack of friends; withdrawal from classmates.
- Delinquent behavior, such as stealing, violence, etc.
- Frequent physical complaints, such as headaches or stomachaches.
- Abuse of drugs or alcohol.
- Aggression towards other children.

Some children of alcoholics may act like responsible "parents" within the family and among friends. They may cope with the alcoholism of their parents by becoming very controlled, successful "overachievers" throughout the school years, and at the same time be emotionally isolated from other children and teachers. Their emotional problems may show only when they become adults.

Whether or not their parents are receiving treatment for alcoholism, these children and adolescents can benefit from self-help groups such as Al-Anon and Alateen. Professional help, the earlier the better, is important in preventing more serious problems for the child, including the threat of alcoholism. Child psychiatrists help these children with their own problems, and also help them to understand they are not responsible for the drinking problems of their parents.

The treatment program may include group therapy with other youngsters, which reduces the isolation of being a child of an alcoholic. The child psychiatrist will often work with the entire family--particularly when the alcoholic parent has stopped drinking--to help them develop healthier ways of relating to one another.

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Facts for Families
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Vol. 1, No. 6

CHILDREN WHO CAN'T PAY ATTENTION

It is distressing for parents to receive a note from school saying that their child "won't listen to the teacher" or "causes trouble in class." There are many possible reasons for this kind of behavior, but one which parents should know about is Attention Deficit Disorder (ADD).

Even though the child with ADD wants to be a good student, he or she is impulsive and unable to pay proper attention in class. Teachers, parents and friends know that the child is "misbehaving" or "different," but they might not be able to tell exactly what is wrong. A child psychiatrist can diagnose and treat the child with Attention Deficit Disorder.

Often, ADD is accompanied by hyperactivity -- excessive running or climbing in young children, or extremely restless and fidgety behavior in older children. In contrast to the normal high level of activity of children, hyperactivity is haphazard, poorly organized and not goal-directed. ADD is 10 times more common in boys than in girls.

A child who has ADD, with or without hyperactivity, shows several of the following characteristics:

- Has difficulty organizing work and gives the impression he or she has not hearc instructions.
- Is easily distracted.

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- Does sloppy work and makes careless, impulsive errors.
- Frequently calls out in class.
- Has difficulty awaiting his or her turn in group situations.
- Fails to follow through on parents' requests.
- Is unable to play games for the same amount of time as other children of the same age.

Without proper treatment, the child may fall permanently behind in his or her schoolwork, and friendships may suffer because of poor cooperation in games and other social activities. Self-esteem is eroded by friends, teachers and relatives reprimanding the child's behavior instead of working with a health problem.

If a child shows behavior problems like those of ADD, parents often ask their pediatrician or family physician to refer them to a child psychiatrist for treatment. Sometimes medication is useful, particularly when ADD is accompanied by hyperactivity. By meeting with the child psychiatrist, parents can learn how to cope with their child's problem. In addition, the child psychiatrist often helps teachers and school officials work out ways to teach effectively those children with Attention Deficit Disorder.

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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

Vol. 11, No. 5

LEARNING DISABILITIES

Parents are extremely worried and disappointed when their child has academic problems. Child psychiatrists know that there are many reasons for academic failure, but one of the most common is learning disabilities. A child with a learning disability initially tries very hard to follow instructions, concentrate and "be good" at home and in school. Yet he or she is not mastering school tasks and falls behind. Some learning disabled children also have trouble sitting still or paying attention. Learning disabilities affect as many as 15 percent of otherwise able schoolchildren.

It is believed that learning disabilities are caused by a difficulty with the nervous system that affects receiving, processing, or communicating information. Some learning disabled children are also hyperactive and/or distractable with a short attention span.

Child psychiatrists point out that learning disabilities are treatable, but if not detected and treated early, they can have a tragic "snowballing" effect. A child who does not learn addition in elementary school cannot understand algebra in high school. The child, trying very hard to learn, becomes more and more frustrated, and develops emotional problems such as low self-esteem in the face of repeated failure. Some learning disabled children misbehave in school because they would rather be seen as "bad" than "stupid."

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Parents should be aware of the most frequent signals of learning disabilities, when a child:

- Has difficulty understanding and following directions.
- Has trouble remembering what someone just told him or her.
- Fails to master reading, writing, and/or math skills, and thus fails schoolwork.
- Has difficulty distinguishing right from left--for example, confusing 25 with 52, "b" with "d," or "on" with "no."
- Lacks coordination--in walking, sports, or small activities such as holding a pencil or tying a shoelace.
- Easily loses or misplaces homework, school books or other items.
- Cannot understand the concept of time; is confused by "yesterday," "today," "tomorrow.

Parents often seek help from a child psychiatrist when their child has these or similar problems. The child psychiatrist will work with the school professionals and others to have the necessary educational testing done to clarify if a learning disability exists. After talking with the child and family, and evaluating their situation, the child psychiatrist will make recommendations on appropriate school placement, the need for special help such as special educational therapy or speech-language therapy and steps parents can take to assist their child in maximizing his or her learning potential. Sometimes medication will be prescribed for hyperactivity or distractability. The child psychiatrist works to strengthen the child's self-confidence, so vital for healthy development, and also helps parents and other family members cope with the realities of living with learning disabilities

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Facts for Families

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Vol. IV, No. 8

RESPONDING TO CHILD SEXUAL ABUSE

When a child tells an adult that he or she has been sexually abused, the adult may feel uncomfortable and may not know what to say or do. The following guidelines are for responding to children who have been sexually abused:

What to Say

o If a child even hints in a vague way that sexual abuse has occurred, encourage him or her to talk freely. Don't make judgmental comments.

o Show that you understand and take seriously what the child is saying. Child and adolescent psychiatrists* have found that children who are listened to and understood fare much better than those who are not. The response to the disclosure of sexual abuse is critical to the child's ability to resolve the trauma of sexual abuse.

o Assure the child that he or she did the right thing in telling. A child who is close to the abuser may feel guilty about revealing the secret. The child may feel frightened if the abuser has threatened to harm the child or other family members as punishment for telling the secret.

o Tell the child that he or she is not to blame for the sexual abuse. Most children in attempting to make sense out of the abuse will believe that somehow they caused it or may even view it as a form of punishment for imagined or real wrongdoings.

o Finally, offer the child protection, and promise that you will promptly take steps to see that the abuse stops.

What to Do

Report any suspicion of child abuse. If the abuse is within the family, report it to the local Child Protection Agency. If the abuse is outside of the family, report it to the police or district attorney's office. Individuals reporting in good faith are immune from prosecution. The agency receiving the report will conduct an evaluation and will take action to protect the child.

Parents should consult with their pediatrician or family physician, who

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*Physicians with at least 5 years additional training beyond medical school in adult, child and adolescent psychiatry.

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may refer them to a physician who specializes in evaluating and treating sexual abuse. The examining doctor will evaluate the child's condition and treat any physical problem related to the abuse, gather evidence to help protect the child, and reassure the child that he or she is all right.

Usually, the child should also have a psychiatric evaluation to find out how the sexual abuse has affected him or her, and to determine whether ongoing professional help is necessary for the child to deal with the trauma of the abuse. The child and adolescent psychiatrist can also provide support to other family members who may be upset by the abuse.

While most allegations of sexual abuse made by children are true, some false accusations may arise in custody disputes and in other situations. Occasionally the court will ask a child and adolescent psychiatrist to help determine whether the child is telling the truth or whether it will hurt the child to speak in court about the abuse.

When a child has to testify, special considerations--such as videotaping, frequent breaks, exclusion of spectators, and the option not to look at the accused--make the experience much less stressful.

Adults, because of their maturity and knowledge, are always the ones to blame when they abuse children. The abused children should never be blamed.

When a child tells someone about sexual abuse, a supportive, caring response is the first step towards getting help for the child, and reestablishing his or her trust in adults.

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Facts for Families
from the American Academy of Child Psychiatry

Vol. 1, No. 3

TEENS, DRUGS and ALCOHOL

Child psychiatrists are often called upon to evaluate and treat teenagers who abuse drugs and alcohol.

Rarely will these teenagers volunteer for treatment. On the contrary, they will make excuses to explain their symptoms and fight for the freedom to drink. For example, a teenager may pass off a failure to remember an appointment or a chore as a preoccupation with upcoming exams. He or she may explain red or swollen eyes or dilated pupils as the result of too much PacMan or late-night studying.

A young person's life can become organized solely around the opportunity to drink or use drugs while ignoring responsibilities to family or school. Other persisting changes in your teenager's life may also alert you: unexpected failure in school, or uncharacteristic tardiness or absenteeism. You may feel that you no longer know your child's friends or activities. Changes in dress or appearance, or changes in patterns of sleeping or eating may also be a cue to drug or drinking problems. The best way to show your

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care and concern is to speak to your child about the changes in behavior.

Although you may feel upset, empathy and understanding make a better approach than guilt trips or anger. A firm resolve to face the problem and to carry through with a family commitment to help is equally necessary. For professional assistance, ask your physician to refer you to a child psychiatrist.

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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

Vol. 1, No. 10

TEEN SUICIDE

Suicides among young people nationwide have increased dramatically in recent years. In 1984 more than 5,000 teenagers committed suicide, and experts estimate that the figure may be closer to 6,000. Today suicide is the third leading cause of death for teenagers, and the second leading cause of death for college students.

Many teenagers experience strong feelings of stress, confusion and self-doubt in the process of growing up, and the pressures to succeed combined with economic uncertainties and fears about nuclear war can intensify these feelings.

For some teenagers, divorce, the formation of a new family with step-parents and step-siblings, or moving to a new community can be very unsettling and can intensify self-doubts. In some cases suicide appears to be a "solution."

Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriate treatment plans should be made. When parents are in doubt whether their child has a serious problem, a psychiatric examination does no harm to the youngster.

Many of the symptoms of suicidal feelings are similar to those of depression. Parents should be aware of the following warning signs of adolescents who may try to kill themselves. Child psychiatrists recommend that if one or more of these signs occurs, parents should talk to their child about their concerns and seek professional

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help if the concerns persist.

- Change in eating and sleeping habits.
- Withdrawal from friends and family and from regular activities.
- Violent or rebellious behavior, or running away.
- Drug and alcohol abuse.
- Unusual neglect of personal appearance.
- Radical personality change.
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork.
- Frequent complaints about physical symptoms, often related to emotions, such as stomach-ache, headache, fatigue, etc.
- Loss of interest in pleasurable activities.
- Not tolerating praise or rewards.

A teenager who is planning to commit suicide may also:

- Complain of being "rotten inside."
- Give verbal hints with statements such as: "I won't be a problem for you much longer," "Nothing matters," "It's no use," "I won't see you again."
- Put his or her affairs in order--for example, give away favorite possessions, clean his or her room, throw things away, etc.
- Become suddenly cheerful after a period of depression.

People often feel uncomfortable talking about death. However, it can be helpful to ask the child or adolescent whether he or she is depressed or thinking about suicide. Rather than "putting thoughts into the child's head," such a question will provide assurance that somebody cares and will give the young person the chance to talk about his or her problems.

With support from family and friends and professional treatment, children and teenagers who are suicidal can be restored to a more healthy path of development.

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Shyness

Martha E. Scherer
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Background—Most people have felt shy at some time or in some situation. As many as 25% of high school and college students report having been shy most of their lives (Schwartz & Johnson, 1985). Excessive shyness, however, reduces both the amount and quality of social interactions a child has with others and results in lowered peer acceptance and fewer opportunities to acquire social skills. It is not clear why some children are bashful and withdrawing whereas others tend to be more outgoing. Several factors may be involved, including genetics, temperament, anxiety, and lack of social skills.

Development—Some degree of shyness in children is to be expected and is part of the child's normal development (Berk, 1989). A fairly high percentage of preschoolers are described as bashful and avoiding contact with others (Schwartz & Johnson, 1985). Between 30% and 50% of school-age children report feeling shy (Peterson, 1987). When shyness is experienced by the child in many or most situations over an extended period of time, interventions to help the child interact more appropriately are called for. Chronic and severe shyness can have a negative impact on social, emotional, and academic development. Shy children often have poor self-concept, feelings of failure, and make negative self-statements. The anxiety that accompanies shyness impairs memory and concentration and may keep children from asking for needed help in school.

What Can I Do as a Parent?—It will be important for your child to learn ways to reduce his or her anxiety in social situations. If the child does not possess the social skills needed to interact with others, it may be necessary to teach social skills directly. The child also needs to learn to feel better about himself or herself as a person. There are many ways to accomplish these goals.

Make sure your child knows that they are loved and valued regardless of their behavior or performance. Talk with your child about their experiences and help them to evaluate those experiences in nonjudgemental ways that allow them to feel good about themselves. Many times children judge themselves much more harshly than we realize and blame themselves for situations and events they cannot control.

As a parent, you can give your child more independence and opportunities to demonstrate responsibility. Successful handling of independence and responsibility will help to foster an improved self-image. A child's image of himself or herself is built on a foundation of many small experiences. The more of those that demonstrate to the child that they possess the capability to succeed, the better the resulting self-image will be.

Parents can seek out and provide activities that will allow the child to experience success in social environments. Structured group activities or small groups of one or two other children may facilitate success for the shy child. Parents can discuss, rehearse, and role-play activities with children such as introducing oneself, asking a peer to play, or joining a group of children who are playing a game. If the child is involved in a social-skills training program, parents can reinforce targeted social skills and provide opportunities for rehearsal of skills.

If your child is severely shy and inhibited in most situations, the best course of action may include

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seeking professional help, either through the school, local mental health agency, or your family physician. Severe shyness affects many aspects of the child's life and should not be left unaddressed.

What Can I Do as a Teacher?—Shy children may be easily overlooked in a busy classroom because they do not present classroom management problems and usually comply with instructions. Teachers need to be sensitive to the needs of shy children and facilitate their interaction with others and their participation in the class. Because shy children are often characterized by anxiety, it is best to avoid drawing attention to them or putting them in situations that will require that they be the center of attention. Structured interactions and small group activities may best facilitate participation by shy students. When children are to work on projects in small groups, the teacher should form the groups rather than allowing students to group themselves. Teachers can take this opportunity to pair shy youngsters with socially competent students who will serve as models for them.

Teachers need to avoid reinforcing shy behavior, to be sensitive to the needs of shy children but to refrain from giving the shy child special attention or privileges. When shy children interact appropriately, that is the behavior that should be reinforced. There is a natural tendency to either ignore or be overly protective of shy children, but neither of these responses benefits the child. Shy children should be encouraged to interact, provided with opportunities to interact in small, structured settings, and reinforced for interacting. Direct social-skills training and contingency management procedures have been found to produce positive results and may be beneficial for the entire class.

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Children and Masturbation

Marcia Shaffer
Steuben-Allegany Board of Cooperative Educational Services, Bath, New York

Background—For hundreds of years, masturbation (i.e., manipulating one's genitals for sexual pleasure) has been regarded as a dirty, evil act. This attitude, based largely on widespread religious stories, has led to the belief that masturbation causes such dread conditions as blindness and insanity. Because it is an emotion-laden subject; because so many generations have had the ingrained idea that masturbation is bad, adults may be uneasy, guilty, and even struck dumb when it occurs. To avoid temptation, even tiny babies are taught to keep their hands away from their "private parts.' By the time they go to school, most children have learned that masturbation gets them severe scolding or physical punishment.

Development—Masturbation is a normal form of sexual release for human beings of all ages. It is to be expected in small babies who quite naturally explore their entire bodies. It occurs often in four year-olds and often again at adolescence. Masturbation,however frequent, does not lead to insanity, blindness, loss of one's pens, or any terrible disease.

What Can I Do as a Parent?—Even if your own parents have made you believe that masturbation is an act of public shame and private guilt, you don't want your child to be as uneasy about it as you are. Try not to become agitated if you see his hands at his genitals; and remember that the myths are untrue. You may not like to see him masturbate, but it won't hurt him.

The child who masturbates in school is likely to be teased, ridiculed, and/or reprimanded. To save him humiliation, teach your child that it is ill-mannered to touch his genitals in public.

Be sure that your child's body is clean, and that his underwear is clean and loose.

Uncomfortable bodies and clothing may lead to behavior which looks like masturbation and upsets teachers, who are as susceptible to the myths as anyone else.

Very few school-age children engage in masturbation in front of other people. If a teacher reports to you that your child is masturbating regularly, take the complaint seriously. Check with your doctor to be sure there is no physical cause, such as a genitourinary infection. If there is no physical cause, consult your school psychologist or a similarly trained professional person. There may be emotional problems which require your youngster to seek the comfort of masturbation.

Resources

The following books are as suitable for teachers, school administrators, and pupil personnel staff as for parents.

Calderone, M. S. and Johnson, E. W. (1981). *The Family Book about Sexuality*. New York: Harper and Row. This covers almost every conceivable aspect of sexual functioning in a dignified style. It includes sex information for the handicapped and sexual conditions which have legal implications. It deals thoughtfully with the emotional side of sexuality.

Gordon, S. (1975). *Let's Make Sex a Household Word*. New York: John Day. Like all of Dr. Gordon's publications,

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Children and Depression

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Background—Depressed mood is a common and universal part of human experience that can occur at any age and has various causes. Over time, many children report or give the appearance of feeling unhappy, sad, dejected, irritable, "down" or "blue" but most of them quickly and spontaneously recover from these brief and normal moods or emotional states. However, for others, the depression can be severe and long lasting, and interfere with all aspects of daily life from school achievement to social relationships.

The incidence of more severe depression in children is probably less than 10% although exact figures are not known. Girls are more likely than boys to develop mood disorders. The associated risk of suicide increases significantly during adolescence.

Development—Recognizing and diagnosing childhood depression is not always an easy task. The onset of depression can be gradual or sudden, it may be a brief or long term episode, and may be associated with other disorders such as anxiety. The presence of one or two symptoms is not sufficient evidence of a depressive disorder. It is when a group of such symptoms occur together over time that a more serious mood disorder should be considered. The DSM-III-R manual published by the American Psychiatric Association classified depression according to severity, duration and type.

The definition of major depression requires the presence of five or more of the following symptoms for at least two weeks. One or both of the essential features of depressed or irritable mood, and loss of interest or pleasure in almost all activities must be observed. Other symptoms include appetite disturbance and significant weight loss or gain, sleep difficulties or too much sleep, slow or agitated and restless behavior (many depressed children become overly aggressive), decreased energy or fatigue, feeling of worthlessness or self-blame and guilt, concentration and thinking difficulties, and thoughts of death or suicide.

Less severe forms of depression include dysthymia (moderately depressed mood over one year) and adjustment disorder with depressed mood caused by some known stress and lasting less than 6 months. Depressive features will vary in relation to the age and developmental level of the child. For example, physical complaints, agitation, anxiety and fears are more often seen in younger children while adolescents are more likely to engage in antisocial behavior or become sulky, overly emotional, and withdrawn.

There are a number of suggested causes of childhood depression. Biological explanations of depression have examined the roles of hereditary, biochemical, hormonal, and brain factors. More recently, the amount of light associated with seasonal changes has been suspected to affect mood.

Psychological descriptions have linked depression to the loss of loved ones, disturbances in parent-child relationships, and threats to self-esteem. Attention has also been focused on the way children interpret and structure everyday experiences and the belief they have about their ability to control and shape their world. Any of a number of psychological stressors may be able to significantly affect the mood of some children.

Given the various kinds and causes of childhood depression, there are different treatments that may be required. The "treatment" for the disappointment that follows the loss of a ball game may be a visit to the local hamburger restaurant, or the feelings of failure and irritability caused by a poor school mark could signal the need to improve study habits and pay closer attention in school. When the signs of depression described above occur and persist, the professional assistance of a psychologist or psychiatrist should be obtained. Antidepressant (tricyclics and MAO inhibitors) and antianxiety medications are very beneficial in the treatment of severe depression. Several effective forms of psychological treatment include behavioral, cognitive-behavioral, and interpersonal (IPT) therapy. Combined medication and psychotherapy programs are frequently employed in the treatment of depression.

What can I do as a parent?

The list of suggestions follows the most frequently cited symptoms of childhood depression.

—Self-esteem and self-critical tendencies: give frequent and genuine praise; accentuate the positive; supportively challenge self-criticism; point out negative thinking.

—Family stability: maintain routine and minimize changes in family matters; discuss changes beforehand and reduce worry.

—Helplessness and hopelessness: have the child write or tell immediate feelings and any pleasant aspects 3 or 4 times a day to increase pleasant thoughts over 4-6 weeks.

—Mood elevation: arrange one interesting activity a day; plan for special events to come; discuss enjoyable topics.

—Appetite and weight problems: don't force eating; prepare favorite foods; make meal-time a pleasant occasion.

—Sleep difficulties: keep regular bed-time hours; do relaxing and calming activities one hour before bed-time such as reading or listening to soft music; end the day on a "positive note."

—Agitation and restlessness: change activities causing agitation; teach the child to relax; massage may help; encourage physical exercise and recreation activities.

—Excessive fears: minimize anxiety-causing situations and uncertainty; be supportive and reassuring; planning may reduce uncertainty; relaxation exercises might help.

—Aggression and anger: convey a kind but firm unacceptance of destructive behavior; encourage the child to his angry feelings; do not react with anger.

—Concentration and thinking difficulties: encourage increased participation in games, activities, discussions; work with the teachers and school psychologist to promote learning.

—Suicidal thoughts: be aware of the warning signs of suicide; immediately seek professional help.

—If depression persists: consult your family doctor for a complete medical exam; seek a referral to a psychologist or psychiatrist.

Resources

Depression and Its Treatment—by Drs. J. H. Greist and J. Jefferson, 1984. This is a very readable layman's guide to understanding and treating depression.

Stress, Sanity and Survival—by Drs. R. L. Woolfolk and F. C. Richardson, 1978. Numerous suggestions are given for dealing with worry, anger, anxiety, inadequacy and other signs of stress associated with depression.

Three Steps Forward: Two Steps Back—by C. R. Swindel, 1980. Written from a religious perspective, this book offers practical ways to face problems such as loss, anxiety, self-doubt, fear and anger.

Control Your Depression—by Dr. P. Lewinsohn, 1979. This leading expert offers meaningful and helpful suggestions based on his theory of depression.

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Children and Household Chores

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Background—Research indicates that approximately 90% of the families in the United States require children to regularly perform some chore. Why would parents want to assign chores that they could more easily do themselves? Basically there are three reasons: (1) to teach children responsibility and helping (2) children need to know how to perform certain jobs such as cooking, laundry, car maintenance, etc. (3) parents need help. Certainly with more parents than ever employed outside the home, there is a need in many families for children to share household responsibilities. However, most parents state that teaching of responsibility is their primary goal in assigning chores.

Development—Some general age guidelines for assigned chores are:

Age	Chores
Preschool (3-5 years)	pick-up toys, dress self, make their bed, put away clean clothes.
Elementary School (6-11 years)	simple food preparation (make sandwiches), clearing and setting table, empty garbage, wash car.
Secondary School (12-18 years)	cook meals, laundry, repairs to house and car.

Generally, as children get older they should move from chores that center on taking care of themselves, to chores that help the family, and finally to a real sharing of the work load. If a child complains about, or is slow in finishing a chore, the job might be too difficult. Parents should watch the child perform the chore to measure the chore's level of difficulty. On the other hand, a child expressing anger at someone assisting him/her with the chore, complaining about a chore being "baby work," or volunteering for older children's jobs, may be an indication the child is ready for more advanced work.

What Can I Do As A Parent?—Do not feel guilty about assigning chores to your children. Chores are very useful in teaching responsibility and the value of helping others. Even at an early age it is important for children to see that, just like everyone else, they have a work role in the family.

In initially choosing work for your child: (1) select only one or two chores, (2) choose something that is simple to do, (3) find a chore the child can do every day. The goal is for them to establish a habit of being responsible. As children reach school-age allow some choice of jobs. Allowing some choice will decrease complaining and refusal.

Feel free to assign chores such as food preparation, laundry, and housecleaning to boys, and jobs such as mowing the lawn, car maintenance and pet care to girls. Why is it desirable to have a variety of chores for each sex? First, there is fairness involved. Research indicates that adolescent girls in many families spend much more time on chores than boys, unless there is some sharing of the laundry, food preparation, and housecleaning chores. Second, all children need to learn the skills involved in food preparation, car maintenance, etc., in order to become independent adults who can function on their own. Third, having children who can perform different chores provides parents with a flexible group of workers who can be assigned to a variety of jobs as the family's needs change.

Place a chart in a prominent place such as the refrigerator door or the child's bedroom door and list: each child's name, the chores to be completed, and space for the days of the week. Let the child mark the chart that he/she has finished that chore for the day. Such a chart acts as a constant reminder of work to be completed and allows the child to supervise and reward his/her own work.

Chores should be completed by a set time every day. While there will be some exceptions, generally right before or after the evening meal is a good time. Children should have some free time when they come home from school.

Most parents use chores to teach their children responsibility and the value of helping their family. Therefore rewards for doing chores will occasionally be necessary, but should not be over-emphasized. Start with small, simple rewards such as the chart system mentioned previously (a star for completion of a chore), combined with praise from the parent ("Good, you have picked up your toys" or "I like the way you mowed the lawn.") Verbal praise from a parent that specifically mentions the chore can be powerful. Another simple procedure is to require the child to first do their chores, and then be allowed to do something they enjoy such as watch TV stay up 15 minutes later etc.

Many families like to give an allowance for the completion of chores. The advantage of such a system is it can teach the value of earned money, and the child can be required to buy small items from his/her money and/or save a portion. Be careful that the responsibility message is not lost in doing chores for money. With the giving of any reward the parent must emphasize how everyone in the family has household responsibilities, and how the child's work supports the family. Such a message can be expressed by the parent saying something such as: "The family depends on you to take the garbage out every day. The house will be clean for all of us."

If not overdone, rewards given consistently and only when a chore is completed, can be very useful.

Adults act as examples of behavior that children often imitate. The old adage "Do as I say not as I do" does not seem to work very well with children. Parents who share in household responsibilities without complaining and "putting off" the chore are more likely to have children who do the same. At the same time, parents who rarely help or constantly complain and dawdle when they do chores are more likely to have children who do the same.

Finally, as you assign chores be sure you understand and can carefully explain to the child:

—(1) Specifically what chores are to be done.

—(2) When the chore should be done.

—(3) What rewards, if any, will be received.

—(4) The value of the chore to the family and the child.

Remember, start with simple chores that can be easily completed. Be patient and expect some initially less than perfect work. Assign chores to all children based on age, ability, and other time limits such as homework, sports and part-time jobs.

Resources

—*Teaching Children Responsibility*—by L. Eyre & Eyre. Ballentine Books, 1985. This inexpensive book covers many topics on responsibility and offers some clever suggestions as to how to encourage chore completion.

—*Parents are Teachers: A Child Management Program*—by W. Becker. Research Press, 1971. Parents will find this book is a classic in outlining child management techniques that can be applied to chores and any number of other discipline topics.

—*Let's Talk About Being Lazy*—by J. Berry. Peter Pan Industries, 1982. A book that the children can read themselves or parents can read to them. The book emphasizes the value of chores.

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Children and Study Skills

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Background—Being able to study effectively is important for a child's success in school. Many capable students at all grade levels may experience frustration and even failure in school **not** because they lack ability, but because they do not have adequate study skills. Good study skills benefit children beyond improving their academic performance. Children who have developed good study skills are also more likely to increase their feelings of competence and confidence as they learn. They tend to approach their school work with a positive attitude, rather than a negative and anxious one.

Development—Study skills may be viewed as basic learning tools; they enable students to acquire and retain information presented in textbooks and classrooms. More specifically, study skills include listening and reading, notetaking, outlining, managing time, and taking tests. Study skills may be organized into four general stages of learning that are common to all children. The first stage of studying involves taking in information from books, lectures, or presentations. Study behaviors that are associated with success at this stage include listening and reading. The second stage entails some organization of the information. Study behaviors that facilitate organization include underlining, notetaking, outlining, making lists, or asking oneself questions about the material. Stage three involves practicing or rehearsing the organized material and requires some type of review or discussion on the part of the learner. The final stage is the actual remembering or application of information. Skills in taking tests, writing, or preparing reports are used in this stage.

What can I do as a parent?

Parents need to remember that there is no simple formula for improving study skills for all children. More important than following any one particular method are building good habits, developing a system that works for them, and using the system effectively and consistently. Learning styles vary from student to student. Study hams that work for one person may not work well for another person-even for two children who come from the same family! Children need to discover how they learn and then work out a study system that fits in best with the way they learn things.

Here are some tips parents can pass on to their children for helping them develop good study skills. Without pressuring, parents may encourage children to:

1. **Establish a study routine.** Children should pick a place, find a time, and build a routine. Studying should be a part of the daily family routine. Students find that they learn more if they get into the habit of studying at the same time and in the same place each day. Of course, special family events or sudden demands will force them to break that routine from time to time, but they should try to stay in the routine as much as possible.

2. **Make sure study surroundings allow children to concentrate.** To concentrate on studies, some children may require total quiet; others may need a little background noise (such as music). Children should find the atmosphere that helps them focus on what they have to study without being

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distracted by other activities or being so relaxed that they fall asleep. Children may need some cooperation from the family to do this (not disturbing them, taking phone messages, etc.).

3. **Keep assignments in one folder.** Students may have a separate notebook for each class, but they should keep all homework assignments in one folder. That way, they will be able to see all of the things they have to do and divide their study time accordingly.

4. **Work out a study system.** Rather than just reading straight through an assignment, most students find that they learn more if they work out a systematic method. This may involve skimming the material, underlining or taking notes, reviewing major ideas, and so on. Two key elements are to **read with a question in mind** and **take notes in their own words.** One popular system, known as the "SQ3R" method, involves these steps: (a) Survey: Quickly scan the reading assignment (look at headings, graphs, summaries, etc.); (b) Question: Make up a question to keep in mind as they read; (c) Read: Then, read to answer the questions they formulated; (d) Recite: Try to answer questions without looking at the reading assignment; and (e) Review: Immediately review the material to make certain notes are organized and major ideas are understood.

5. **Expand concentration time.** At first, children may only be able to concentrate for short time periods (10 minutes is typical, since it is the time between commercials on TV programs). Parents can help children work on building this up to longer stretches without breaks, so it will not take as long to get through assignments. Most children need to work up slowly and steadily, just like one does in weight training or aerobics.

6. **Develop time estimation skill.** One key to good studying is being able to estimate how long it will take to complete each assignment. Start by having children make an estimate on each assignment, then note how long it really takes to do the work, and note how well they do on the assignment (or how they do on the test for which they studied). Most students must keep adjusting and evaluating estimates until they become routinely accurate.

7. **Plan ahead.** Athletes cannot get in shape in one or two nights; they need to "work out" for several weeks. Studying works the same way. Children should start working on major assignments or reviewing for major tests well ahead and plan their strategy for finishing the assignment on time.

8. **Set goals.** Before beginning work on an assignment, help children decide how well they want to do on it and how much effort it will take to do that well. This will help them learn to divide study time effectively, so they do not spend too much time on relatively unimportant assignments.

9. **Reward achievements.** When children achieve one of their study goals, give them a little reward: make a snack, allow them to call a friend, or whatever. Often children will want someone (parent or friend) who can congratulate them on their achievements and with whom they can share what they have learned.

Resources

Cohn, M. (1979). *Helping your teenage student: What parents can do to improve reading and study skills.* New York: E. Dalton. Written especially for parents of middle and high school students, offering suggestions that parents can implement to foster effective study skills at home.

Duckett, J. C. (1983). *Helping children develop good study habits: A parent's guide.* Washington, D.C.: National Institute of Education. Brief, succinct guide for parents to improve children's study habits.

Hahn, J. (1985) *Have you done your homework? A parent's guide to helping teenagers succeed in school.* New York: John Wiley. Concise book that tells parents what it takes for students to be successful in school and provides tips on motivation and general study strategies.

Whitman, R. (1984). *Home team: Over 60 home learning tips from the American Federation of Teachers.* Washington, D.C.: American Federation of Teachers. Brochure that describes how parents can promote their children's learning, including suggestions relating to specific content areas.

ALCOHOL*

Alcohol is a colorless, volatile, and pungent liquid found in fermented liquors such as beer, wine, wine coolers, champagne, and liquors. Alcohol is a central nervous system depressant that appears in the bloodstream within 5 minutes after ingestion and reaches its highest blood-alcohol level in 30-60 minutes. It is transported through the bloodstream to all parts of the body. Alcohol use can have many damaging effects on all areas of a person's life. For example, alcohol is the primary cause of liver disease, nutritional deficiencies, and is related to half of all traffic fatalities and homicides in the United States; individuals with drinking problems have higher rates of divorce and suicide than the general population. Persons who abuse alcohol may become alcohol dependent.

Some Slang Terms

booze, juice, sauce, grog, piss

Extent of Use

The 1993 Surgeon General Report indicates that, of the 20 million young people in the USA:

- 10 million drink alcoholic beverages.
- 8 million drink weekly
- nearly 500,000 binge drink

Some Immediate Effects

irregular pulse
loss of inhibitions
flushing and dizziness
slow reactions
slurred speech
impaired motor ability/coordination
blurred vision
increased blood pressure
sudden mood swings
vomiting

Other Potential Immediate and Long-Term Effects

slow, confused thinking
impairment of memory & logical thinking
unconsciousness
impaired nervous system functions
altered moods
affects emotional and behavioral reactions
may cause family problems
sexual impotence
birth defects (if mother uses)
enlarged heart
vitamin deficiencies
skin problems
loss of muscle tissue
inflammation of the pancreas
damage to lining of stomach and small intestine
stomach and small intestine ulcers
frequent infections
tingling and loss of sensations in the hands and feet
heart and blood disorders
high risk for cancer
severe swelling of the liver
inflamed liver (hepatitis)
cirrhosis of the liver
cancer of the liver
lung disease
brain damage

When alcohol is mixed with other drugs, the effects may be intensified resulting in severe illness or death.

A Few Other Concerns

In 1993, an estimated 17,500 people were killed in alcohol-related auto crashes (occuring at a rate of one every 30 minutes); this was 44% of all traffic deaths.

Physical dependence upon alcohol means that alcohol has become part of a person's normal physical functioning. Physical dependence is characterized by withdrawal symptoms when alcohol use is suddenly discontinued. These include agitation, profuse sweating, nausea, vomiting, acute hallucinations (auditory and visual -- mostly paranoid), incoherent speech, tremulousness ("the shakes" -- usually occurring 12-24 hours after last drinking episode), and sometimes convulsive seizures

Use of alcohol during pregnancy may cause Fetal Alcohol Syndrome. FAS is one of three most prevalent birth defects and is the only one which is completely preventable. A child born with Fetal Alcohol Syndrome may have some of the following defects:

Physical Defects	*Mental Defects*
abnormal facial features	mental retardation
growth deficiencies	hyperactivity/restlessness
low birth weight	learning disabilities
heart defects	behavior problems
deformed joints	poor coordination
small head	delays in development

Alcohol stays in the fetus twice as long as in the mother and thus may have a very damaging effect.

For More Information

Additional information on this and related topics is available from the
National Drug Information Treatment and Referral Hotline
(800) 662-HELP(4357)

This agency supplies printed materials, information on treatment services in specific states, referrals for treatment, and other resources.

*Adapted from material provided by the National Institute on Drug Abuse, U.S. Department of Health and Human Services.

INHALANTS*

Inhalants are breathable chemical vapors that produce mind-altering effects. People don't think of inhalants as drugs because most of the products are commonplace items in homes and businesses. Young people are likely to abuse inhalants, in part, because they are so accessible and inexpensive. There are about 1400 products potentially usable as inhalants including volatile solvents such as gasoline, paint thinners, glue, cleaning solutions; aerosols; anesthetic agents; oil and grease dissolvers; and amyl, butyl, and isobutyl nitrites such as room fresheners. These all fall into two major categories: solvents and gases

Solvents come in the form of many products including degreasers and cleaning fluid (e.g. benzene, trichloroethane), gasoline (benzene, toluene, xylene), nail polish remover (e.g. acetone), lighter fluid (e.g. naphtha), model airplane glue and lacquer thinners (e.g. toluene, xylene), and plastic cement (e.g. hexane). They also are in some art and office supplies such as felt-tipped pens, correction fluids, and electronic contact cleaners. *Gases* also come in the form of many household/commercial products including butane lighters and propane tanks, whipping cream dispensers, cookware coating agents, refrigerant gases, spray paints, hair and deodorant sprays, fabric protector sprays, insecticides, some medications, medical anesthetic gases such as ether, halothane, and nitrous oxide and various forms of nitrates. Inhalants are ingested by "sniffing" or"snorting" (through the nose), "bagging" (inhaling fumes from a plastic bag), or "huffing" (stuffing an inhalant soaked rag into the mouth).

Some Slang Terms

laughing gas, rush, whippets, poppers, snappers

Extent of Use

Inhalants rank fourth in popularity behind alcohol, tobacco, and marijuana among young people. Junior high students seem to be among the most common-abusers. Statistics from a 1991-92 Pride USA survey show: inhalant use among 8th graders went from 5.1% in 1990-91 to 5.9% in 1991-92; 3.5% of 6th graders abused inhalants; 15% of the users said they used them daily; and 29% of users said they started before their 10th birthday. Nearly one in five (18%) high school seniors report having used inhalants. Trends from the Monitoring the Future Study show that the number of high school seniors reporting using inhalants during the past year has fluctuated between 6 and 9 percent since 1979. In the 1995 survey, the rate was 8% for seniors. Other surveys show a steady rise in use at all grades since 1991.

Some Effects

The effects of any drug depend on (a) the amount taken at any one time, (b) the user's past drug experience, (c) the manner in which the drug is taken, and (d) the circumstances under which the drug is taken (the place, the user's psychological and emotional stability, the presence of other people, the simultaneous use of alcohol or other drugs, etc.).

Short-term effects

Nearly all inhalants produce effects similar to anesthetics, which act to slow down body functions, yet the user feels stimulated. Inhaled vapors from solvents and propellants enter the bloodstream directly from the lungs and are then rapidly distributed to the brain and liver -- those organs with the largest blood supply. Most volatile hydrocarbons are fat-soluble, and are thus absorbed quickly into the central nervous system. Their action slows down breathing and heart rate. While some volatile hydrocarbons are metabolized and then excreted through the kidneys, many are eliminated from the body unchanged, primarily through the lungs. The complete elimination of volatile hydrocarbons may take some time, since they are released slowly from fatty tissues back into the blood.

Short-term effects appear soon after inhalation and disappear within a few hours. After inhaling there is a euphoric feeling, characterized by lightheadedness, exhilaration, and vivid fantasies. Nausea, drooling, sneezing and coughing, muscular incoordination, slow reflexes, and sensitivity to light may also occur. Some users' feelings of being very powerful may lead to reckless and bizarre behavior. Solvent abuse has been linked with such antisocial activities as dangerous driving, property damage, and theft.

> The effects of the first brief inhalation fade after several minutes. The experienced user, however, may prolong the effects for up to 12 hours, increasing the dose by concentrating the drug inside a plastic bag and continuing to sniff. For the majority of users, most effects disappear within an hour after sniffing is stopped, although hangovers and headaches may last several days.

Deep, repeated inhalation over short periods may result in a loss of control, culminating in hallucinations, unconsciousness, or seizures. A number of deaths have been associated with acute inhalant abuse, most prominently "sudden sniffing deaths" and suffocation. Sudden sniffing death, which typically follows strenuous exercise or undue stress after several deep inhalations, is caused by heart failure resulting from severely irregular heartbeat. Death by suffocation has occurred after users have fallen asleep or become unconscious with a plastic bag over nose and mouth. Some accidental deaths have been due to bizarre behavior caused by sniffing.

Long-term effects

> Appear following repeated use over a lengthy period and include such physical effects as pallor, thirst, weight loss, nosebleeds, bloodshot eyes, and sores on the nose and mouth. Some solvents, such as aromatic hydrocarbons (e.g. benzene), interfere with formation of blood cells in bone marrow, while others may impair liver and kidney function. Although these effects generally disappear when use is stopped, some cleaning fluids (trichloroethane) and aerosol propellants (fluorocarbons) can cause permanent liver and kidney damage. Alcohol use may compound the damage.

Behavioral symptoms in regular heavy sniffers include mental confusion, fatigue, depression, irritability, hostility, and paranoia. Signs of brain damage, including severely impaired mental function, lack of motor coordination, and tremors, have been noted in heavy users of toluene (found in contact cement). Gasoline sniffing may produce behavioral changes due to lead poisoning. The substances in solvents can pass through the placental barrier and enter the fetal bloodstream. However, except for evidence of birth defects among petrol inhalers, the evidence that use of other inhalants or solvents can damage the fetus is inconclusive. All drugs have some effects on the unborn child including chromosomal and fetal damage

> Regular inhalant use induces tolerance, which means increased doses are necessary to produce the same effects. After a year, for example, a regular glue sniffer may be using from eight to ten tubes of plastic cement to maintain the "high" originally achieved with a single tube. Psychological dependence on solvents -- where the need to keep taking them is a compulsion -- is fairly common. Clinicians report that youthful solvent abusers are among their most difficult clients to cure and a great many return to abusing the drugs. Physical dependence occurs when the body has adapted to the presence of inhalants and withdrawal symptoms occur if their use is stopped abruptly. Some chronic users, although by no means all, suffer chills, hallucinations, headaches, abdominal pains, or delirium tremens (DTs - the "shakes"). More often, however, solvent intoxication is followed by a brief period of excitement characterized by irritability, agitation, and increased heart rate.

For More Information

Additional information on this and related topics is available from the
National Drug Information Treatment and Referral Hotline
(800) 662-HELP(4357)

This agency supplies printed materials, information on treatment services in specific states, referrals for treatment, and other resources.

*Adapted from material provided by the National Institute on Drug Abuse,
U.S. Department of Health and Human Services
and from the Addiction Research Foundation in Toronto, Canada

STIMULANTS (AMPHETAMINES, METHAMPHETAMINE)*

Amphetamines (speed, uppers) are central nervous system stimulants. They are colorless and may be inhaled, injected, or swallowed. These drugs may be used medically to treat depression, obesity, and other conditions, but their therapeutic use is limited. Amphetamines are also used non-medically to avoid sleep, improve athletic performance, and counter the effects of depressant drugs.

Methamphetamines are synthetic amphetamines or stimulants that are produced and sold illegally in pill form, capsules, powder, and chunks. Two such synthetics are *crank* and *ice*. Crank refers to any form of methamphetamine. Ice is a crystallized smokeable chunk form that produces a more intense reaction than cocaine or speed. Ice appears clear and crystal-like and resembles frozen ice water. Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. These synthetics also stimulate the central nervous system, but with a greater effect than amphetamines. Immediately after inhalation or intravenous injection, the user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria -- a high, but not a rush. The effects may last anywhere from 8 to 24 hours. Because methamphetamine elevates mood, people who experiment with it tend to use it with increasing frequency and in increasing doses, although this was not their original intent. Crank and ice are extremely addictive.

Some Slang Terms

Amphetamines -- *uppers, ups, wake ups, bennies, dexies, black beauties, jollies, speed*
Methamphetamine -- *speed, meth, chalk, ice, crystal, glass*

Extent of Use

In 1994, the Monitoring the Future Study found 15.7% of high school seniors had used stimulants at least once in their lifetimes (an increase from 15.4% in 1991) and 9.4% had used stimulants in 1994 (an increase from 8.2% in 1991). For 8th graders, the lifetime figure was 12.3% and use in 1994 was 7.9% (both increases over 1991). The findings also indicate that 3.4 percent of high school seniors had used crystal methamphetamine at least once in their lifetimes (an increase from 2.7 percent in 1990) and 1.8 percent had used crystal methamphetamine in 1994 (an increase from 1.3 percent in 1990).

Some Immediate Effects

increased heart rate
increased blood pressure
reduced appetite
dilated pupils
increased breathing rate

increased talkativeness
sense of well-being
actions become compulsive
  repetitive, less organized
  suspicious , self-conscious

increased aggressiveness
disturbed sleep
possibly depression
possibly hallucinations (visual, auditory)

With large doses:

fever and sweating
dry mouth
headache
blurred vision/dizziness

irregular heartbeat
tremors and other uncontrollable movements
loss of coordination
possible convulsions and collapse

Also possible are burst blood vessels in the brain, heart failure, or very high fever leading to death.

Other Potential Immediate and Long-Term Effects

- acne, sores
- malnutrition due to appetite suppression
- violence and aggression
- impaired speech
- increased susceptibility to illness due to poor diet, lack of sleep, unhealthy environment, or from IV injections
- use of other drugs to counter unwanted side effects of stimulants
- symptoms of paranoid schizophrenia and depression
- blockage of blood vessels
- damage to kidney/liver/lung/brain
- increasing tolerance and dependence

Because stimulants are addictive, withdrawal symptoms occur when a person stops or decreases their use (e.g., severe exhaustion, deep sleep lasting from 24 to 48 hours, psychotic reaction, extreme hunger, deep depression, anxiety reactions, long but disturbed sleep). Withdrawal can be dangerous. Methamphetamines cause a severe crash after the effects wear off. The crash, or low feeling is more intense and longer lasting than both speed and cocaine. The effects are not only long lasting, but continue to cause damage to the user long after use has stopped. Professional attention is advised.

A Few Other Concerns

Stimulants suppress appetite and give feelings of energy. Thus, they are sometimes abused by people trying to lose weight. But, because appetite is suppressed and decreased, a user may not get enough vitamins or minerals and may experience malnutrition, lose a dangerous amount of weight, or may become ill more often. When a person stops using stimulants, s/he experiences strong hunger. Abuse of amphetamines is not a safe nor effective way to lose weight.

Effects on society include accidents, drug-related crime, fires due to explosions from the illegal manufacture of methamphetamines, hazardous waste, among others.

Children born to methamphetamines users may have increased risk of child abuse and neglect.

It is possible for babies of mothers who use stimulants to be born with cardiac defects and other birth defects, to experience addiction and withdrawal, to manifest tremors, to cry for long periods, and to have difficulty bonding.

For More Information

Additional information on this and related topics is available from the
National Drug Information Treatment and Referral Hotline
(800) 662-HELP(4357)

This agency supplies printed materials, information on treatment services in specific states, referrals for treatment, and other resources.

*Adapted from material provided by the National Institute on Drug Abuse, U.S. Department of Health and Human Services.

Fact Sheet on Adolescent Homicide

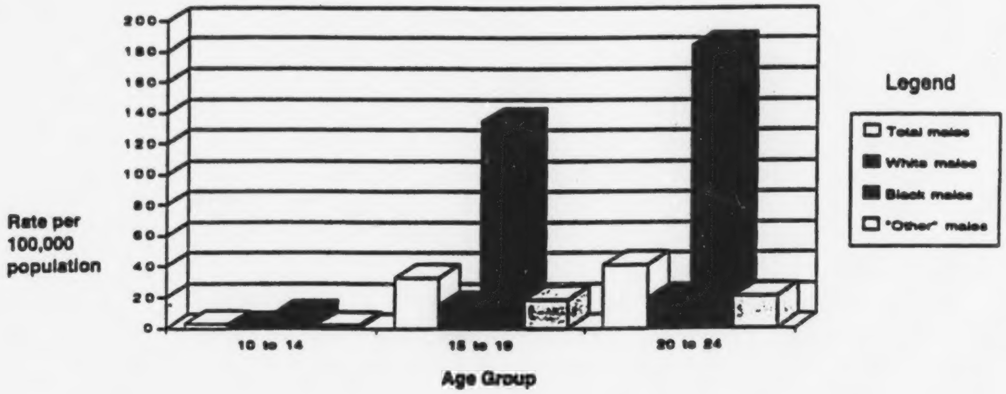
Prepared by the National Adolescent Health Information Center
Division of Adolescent Medicine & Institute for Health Policy Studies
University of California, San Francisco
San Francisco, CA
February 1995

The homicide rates for males of all races increase dramatically in late adolescence and increase again in early adulthood. The combined homicide rate for males of all races in the 15 to 19 year old age group (32.8 per 100,000) is 10.3 times greater than the rate for 10 to 14 year olds (2.9 per 100,000).

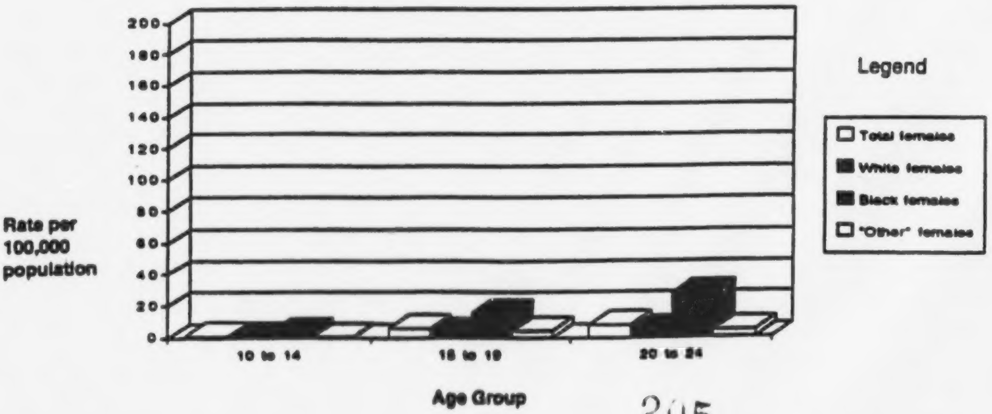
The homicide rate for Black male adolescents aged 15 to 19 is 835% higher than the homicide rate for their White male peers. The disparity between Black and White male homicide rates is even more pronounced for the 20 to 24 age group (Black rates are almost 870% higher than White rates). Non-Black ethnic minority males ("Other" category) are slightly more likely than White males to be the victims of homicide.

Homicide rates for young females are substantially lower than rates for young males across all races and age groups. However, homicide risk increases from adolescence to young adulthood. The homicide rate for young Black females nearly double from the 15-19 age group (15.6 per 100,000) to the 20-24 age group (27.4 per 100,000). Rates for Black females aged 20-24 are substantially higher than for Whites and "Others."

Male Homicide Rates by Race and Age Group
1991



Female Homicide Rates by Race and Age Group
1991



*Note: "Other" refers to non-Black ethnic minorities (Total - White - Black = Other) for data presented in this document.

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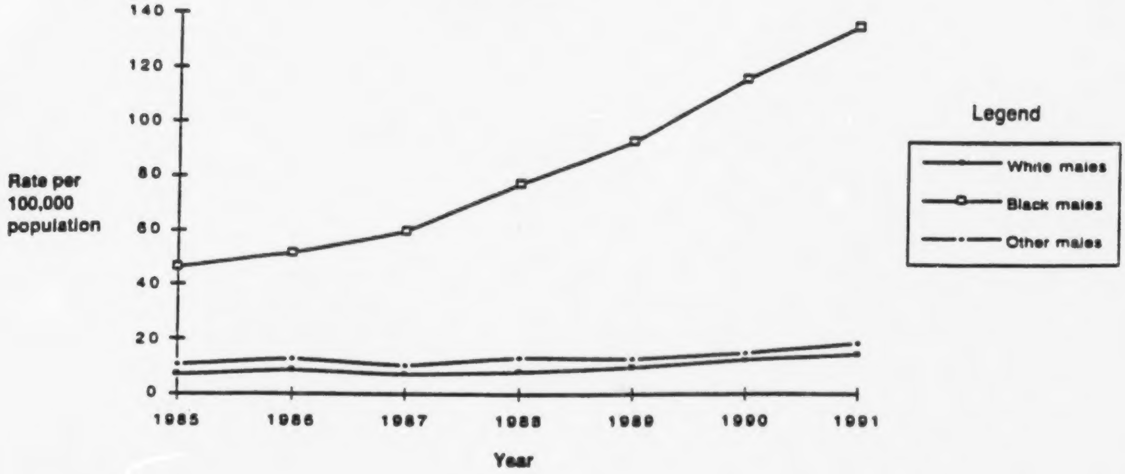
Male Homicide Trends by Race
Ages 15-19
1985-1991

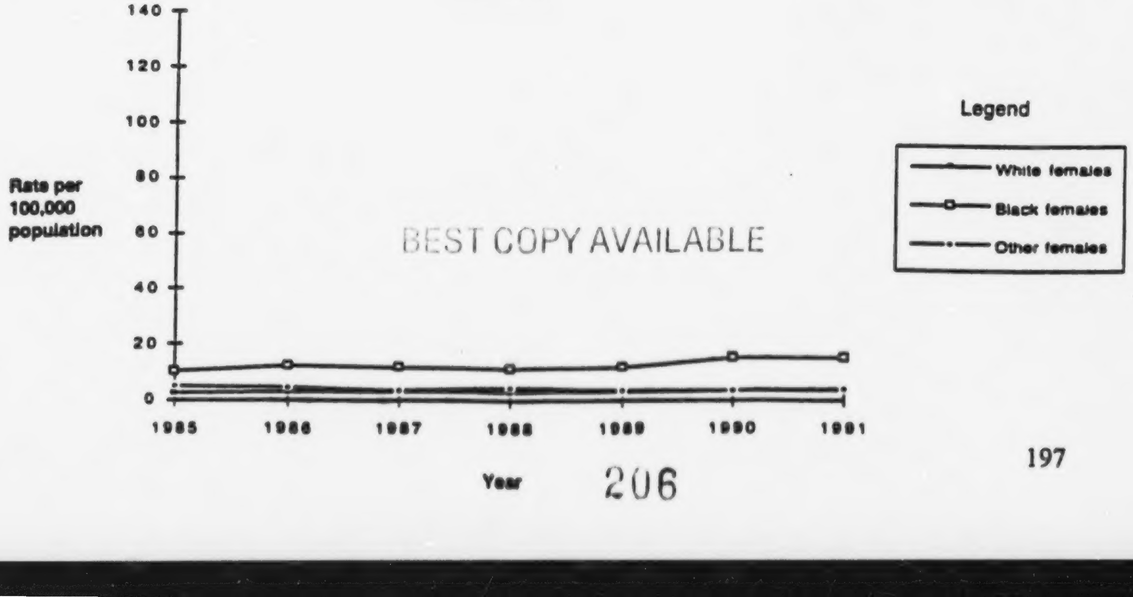


Since 1985, homicide rates for older adolescent males of all races have increased. The homicide rate for White males has risen nearly 100% (from 7.3 per 100,00 in 1985 to 14.4 per 100,000 in 1991) while the rate for Other males has risen 72% (from 10.7 to 18.5).

Homicide rates for Black adolescent males have risen almost 200% since 1985 (from 46.5 to 134.6 per 100,000). In 1991, nearly three out of every 2000 older adolescent Black males were murdered.

From 1985 to 1989, the homicide rate for Black females remained relatively stable but then increased 35% in 1990 (from 11.6 to 15.6 per 100,000). The homicide rate for White females shows a very slight upswing (from 2.7 to 3.6 per 100,000), and the rate for "Other" females has decreased slightly.

Female Homicide Trends by Race
Ages 15-19
1985-1991



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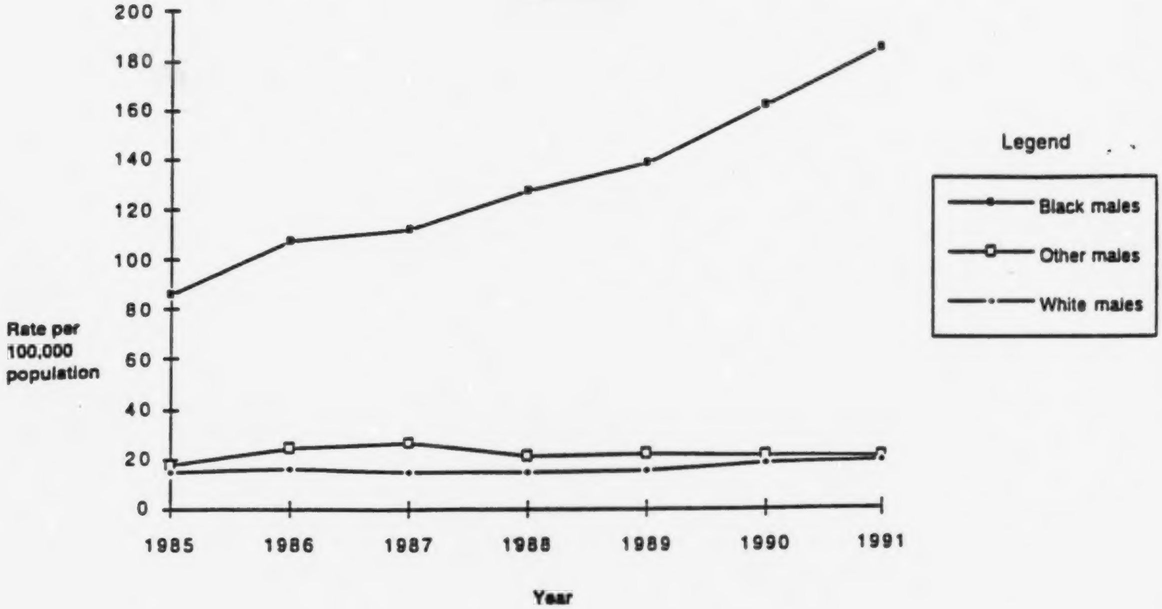
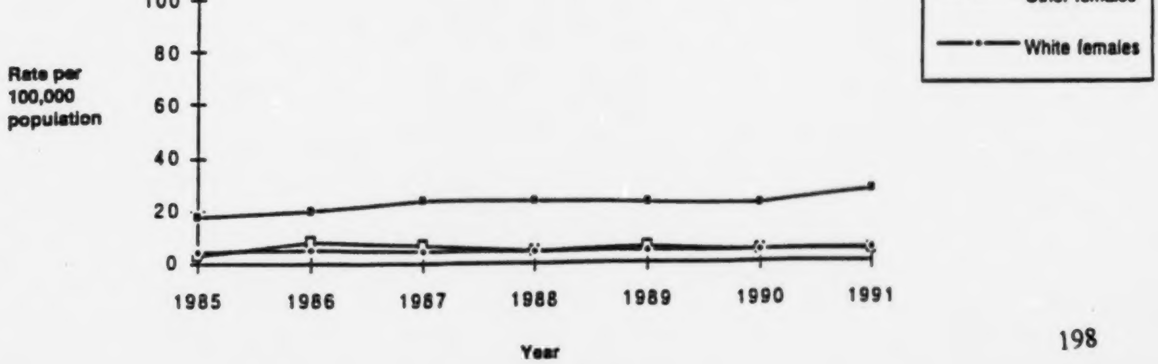
Male Homicide Trends by Race
Ages 20-24
1985-1991

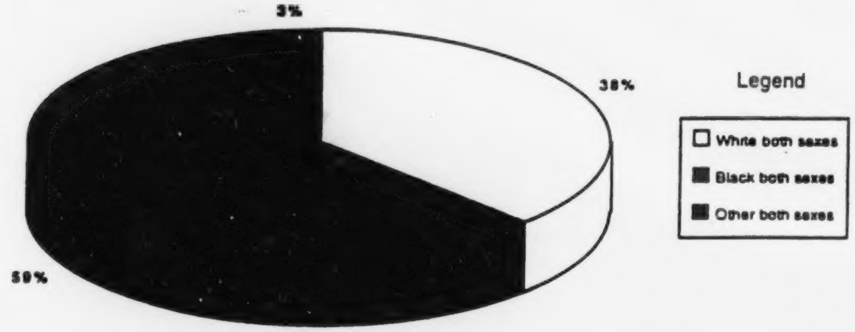


Homicide rates for young adults mirror the trends shown for older adolescents. Homicides of Black males continued to rise while those of other males remained stable. The homicide rate for Black females is higher than for other females and showed a slight increase in 1991.

Female Homicide Trends by Race
Ages 20-24
1985-1991



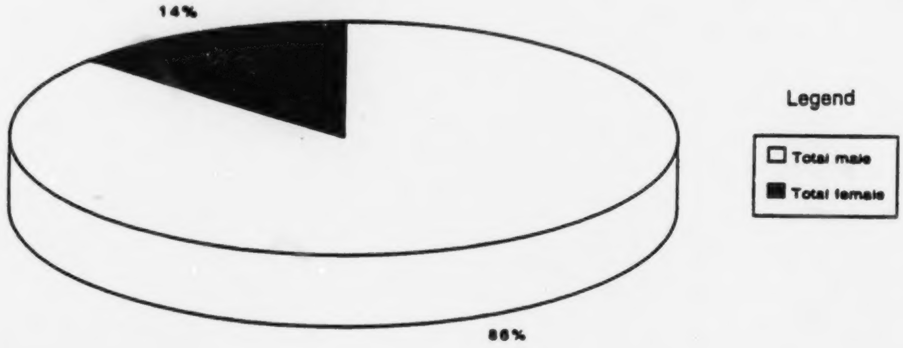
Homicides by Race of Victim
Ages 15-19
1991



Black adolescents comprise 15% of the 15 to 19 year old population but account for 59% of the homicides. Blacks are similarly overrepresented for homicides among young adults aged 20 to 24.

Six times as many males as females were murdered in 1991 in the 15 to 19 year old age group. The male to female homicide ratio was 3:1 for young adolescents aged 10 to 14 and 6:1 for young adults aged 20 to 24.

Homicides by Sex of Victim
Ages 15-19
1991



Data for this document:

National Center for Health Statistics (1993). *Trend C, Table 292: Deaths for 282 Selected Causes, by 5-Year Age Groups.* Unpublished tables provided by the NCHS Statistical Resources Group.

National Center for Health Statistics (1993). Advance Report of Mortality Statistics, 1991. *Monthly Vital Statistics Report.* August 31, 1991.

Sources regarding adolescent violence:

- Children's Safety Network Adolescent Violence Prevention Resource Center. Contact number: 617-969-7100.
- National Institute of Justice Partnerships, U.S. Dept. of Justice. Contact number: 202-307-2957.
- Youth Violence Prevention Division, National Center for Injury Prevention and Control, Centers for Disease Control. Contact number: 404-488-4646.

The development of this fact sheet was supported in part by the Maternal & Child Health Bureau Grant # MCJ063A80, Public Health Service, Health Resources and Services Administration, Department of Health and Human Services.

C. *Programs and Processes*

- *Advocates for Youth*
  - **Programs at a Glance: Promising Adolescent Pregnancy Prevention Programs**

- *U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services*
  - **Radio Public Service Announcements**
  - **Systems of Care**

- *American Psychological Association (APA)*
  - **Anxiety Disorders: The Role of Therapy in Effective Treatment**
  - **How Therapy Helps People Recover from Depression**
  - **How to Find Help Through Therapy**
  - **Managing Traumatic Stress**

PROGRAMS AT A GLANCE: PROMISING ADOLESCENT PREGNANCY PREVENTION PROGRAMS

ADVOCATES FOR YOUTH

One million teenagers become pregnant every year.[1] The vast majority of these pregnancies are unintended.[1] The societal and personal impact of too-early childbearing is now clearer than ever: teen mothers have decreased levels of educational attainment,[1,2] they are more likely to experience poverty,[1,3] and their babies experience health problems more frequently than children of older mothers.[1,3,4]

It is encouraging to note, however, that the pregnancy rate among sexually experienced teens has declined 19 percent in the last two decades.[1] Teenagers also are just as likely to prevent an unintended pregnancy as are never-married women aged 25 to 29 using the same contraceptive methods, and unmarried teens are less likely to have a contraceptive failure than unmarried women in their early twenties.[1]

Prevention programs often are expected to solve the "problem" of teen pregnancy and too-early childbearing, but these issues are linked to larger societal problems such as poverty, school failure, lack of motivation, family distress and sexual abuse. There is no magic solution or quick fix, and no one strategy will work for all youth.

Comprehensive evaluation of pregnancy prevention programs is a top priority in understanding the complexities of teen pregnancy. Data on program success or failure has often been extremely limited and most program development has been motivated by beliefs and ideology. Numerous barriers to the implementation of thorough program evaluations exist, including cost, limited time and resources, small sample size, and uneven commitment to the evaluation process. Measuring the effectiveness of any prevention effort is inherently difficult and the possibility of a "negative" evaluation is often considered to be a further disincentive.

Evaluation strategies include measuring changes related to the age at first sexual intercourse, the frequency of intercourse, contraceptive use, and/or knowledge and attitudes regarding sexuality.

There are three general types of evaluation:

- Process evaluation measures whether services are reaching the intended population, are being delivered as intended, and are funded adequately.
- Outcome evaluation measures the program's effects on participants' short-term knowledge, attitudes and/or behaviors (generally up to six months after involvement).
- Impact evaluation determines whether the long-term program goals regarding participants' knowledge, attitude, and behavior were met one to five years after involvement with the program.[5]

The three pregnancy prevention approaches identified here highlight components that make them most successful. Although there are no simple solutions, the programs presented below have been evaluated and show promising results.

EDUCATION PROGRAMS

These programs impart knowledge and explore attitudes about human development, relationships, personal skills, sexual behavior, sexual health, sexuality, and culture. They are most effective when they actively involve adolescent participation, focus on skill building and refusal skills, are relevant to all sexual orientations, and are culturally specific and sensitive. Sexuality education should be integrated into comprehensive health education, and use peer counseling and support when appropriate.

Girls Inc. Preventing Adolescent Pregnancy

Girls Inc. is a national youth organization that provides females aged nine to 18 with the information, skills and self-esteem they need to avoid early pregnancy and plan full, satisfying lives. Preventing Adolescent Pregnancy, Girls Inc.'s curriculum, includes four age-appropriate components: "Taking Care of Business" encourages educational and career pursuits and skills to avoid pregnancy; "Growing Together" builds positive parent/daughter communication about sexuality and values, addressing the critical importance of parents as the primary sexuality educators of their children; "Will Power/Won't Power" emphasizes recognizing and resisting pressure to become sexually active; "Health Bridge" links Girls Inc. centers with community-based health services including access to contraception. A four year evaluation found that although no single component of Girls Inc. was effective by itself, the program as a whole helped reduce the risk of pregnancy among the young women who participated.[6] Girls who had greater levels of participation in the Will Power/Won't Power component were less likely to initiate early sexual intercourse.[3]

Postponing Sexual Involvement (PSI)

Developed for eighth graders by the Emory University School of Medicine and Grady Memorial Hospital Teen Services Program in Atlanta, Georgia, this curriculum uses older teen educators, nurses and counselors to reach young people. It stresses abstinence but incorporates contraceptive information and decision-making skills. An 18-month evaluation showed that the mean difference in contraceptive use between program participants and youth in the control group was approximately 17 percentage points.[7] By the end of the eighth grade, youth who were not given the program were as much as five times more likely to have initiated sex than youth who were given the program.[6]

Reducing the Risk (RTR)

This is a school-based approach to pregnancy prevention for tenth graders that emphasizes avoidance of unprotected sex either through abstinence or contraceptive use for those who choose to be sexually active. Discussion of sexuality, reproduction and contraception is made relevant to each individual, while role playing allows participants to model and practice healthy behaviors. Participants discuss social pressures, negotiation skills, and pregnancy prevention. Students are asked to talk with their parents about abstinence and birth control, and are required to go to stores and clinics to obtain information on contraceptives. The RTR curriculum reduced the rate of unprotected intercourse by 40 percent among "lower-risk" youth and among students who had not yet initiated intercourse.[8] Lower risk was defined as youth who lived with both parents, whose mother finished high school, who received grades mostly of C or better, and who drank alcohol infrequently and in limited quantities.

CONTRACEPTIVE ACCESS PROGRAMS

These programs are most effective when they offer contraceptive counseling, supplies and follow-up care for proper and consistent use. Data show that teen access to contraceptives is crucial to preventing adolescent pregnancy,[7] while fear of a family member finding out, high cost, inadequate knowledge about where to get contraceptive services, and the belief that contraceptives are dangerous, are among the reasons adolescents cite for delaying obtaining contraceptives.[9]

School/Community Program for Sexual Risk Reduction Among Teens

This school and community-based pregnancy prevention program in Denmark, South Carolina, provided access to contraception. A school nurse provided counseling, gave condoms to adolescent men and took adolescent women to the county health department family planning clinic for contraceptive services and supplies. Graduate level courses on sexuality education and adolescent decision-making, self-esteem and communication were offered to district teachers and administrators. Courses for church leaders, parents and clergy were offered and a radio and newspaper media campaign was conducted. The program resulted in a decrease in the annual average pregnancy rate from 77 per 1,000 in 1981-1982 to 37 per 1,000 in 1984-1986 following the intervention. The state prohibited dispensing contraceptives on school grounds, and the pregnancy rate increased to 66 per 1,000 in 1987-1988.[10]

Smart Start

This family planning clinic in Southeastern Pennsylvania allows new adolescent clients to postpone a pelvic exam and routine blood test following a careful medical and social history for up to six months and still obtain birth control pills. Results of a comprehensive 18 month evaluation showed that participants who chose to delay the pelvic exam returned to the clinic for follow-up care, reported using condoms more consistently and had slightly fewer pregnancies than those not delaying the exam.[11] Furthermore, no teen was placed at undue risk as a result of having delayed the exam.[11]

Self Center

This school-based program for seventh through twelfth graders in Baltimore, Maryland, linked sexuality and reproductive health education and counseling with the provision of medical services at a nearby clinic. A social worker and a nurse practitioner spent each morning working at the school site lecturing in homeroom classes, counseling individuals, conducting rap sessions and leading educational discussions. The social worker and nurse then worked at the nearby clinic in the afternoon where they provided students with reproductive health care services, including contraceptives. Self Center significantly delayed the initiation of sexual activity among 14- and 15-year old female participants[12] and increased contraceptive use at last intercourse among sexually active females by 22 percentage points.[7]

MULTI-FACETED PROGRAMS

These programs offer a comprehensive, broad range of services to reduce sexual risk-taking. They are most effective when they help adolescents choose alternatives to early pregnancy and childbearing by providing vocational training, academic tutoring and encouragement, career counseling, part-time employment, or involvement in community service. Often, a life options curriculum is offered as part of a comprehensive program that includes sexuality/reproductive health education and/or life skills training. Although these programs are costly to implement and to maintain, they are especially important for disadvantaged youth who are at an increased risk of early childbearing.

Teen Outreach Program (TOP)

Originally developed by the Association of Junior Leagues, this junior high and high school-based program combines life skills and adolescent reproductive health education with youth involvement in community service. The educational component occurs in small groups with a facilitator who also serves as a mentor. A five-year impact evaluation showed TOP students generally had fewer pregnancies, and fewer course failures and school suspensions than comparison students.[4] The program appeared to be more effective in preventing these behavior problems with high school than with junior high school students.[13]

Children's Aid Society's Family Life and Sex Education Program

This is a long-term, holistic, multidimensional adolescent sexuality and pregnancy prevention program in New York, New York for youth, parents, and adults. Its broad spectrum of components include job club and career awareness, family life and sex education, medical and health services, mental health services, academic assessment and homework help, and guaranteed college admission upon completion of high school and upon the project director's recommendation. Self-esteem is nurtured through encouragement in the performing arts and lifetime individual sports. Evaluation of replicated programs show that participants have a pregnancy rate that is approximately one-third the national average.[14]

For more information about any of these programs call Advocates for Youth's National Pregnancy Prevention Clearinghouse. 202.347.5700.

Compiled by Cristina S. Herdman, International Programs Clearinghouse Coordinator, 1996

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RADIO PSAs

Radio Public Service Announcements

Contact: Craig Packer, 301-443-4765 For Immediate Use

Subject: EVERY CHILD'S MENTAL HEALTH IS IMPORTANT:
LEARN THE WARNING SIGNS OF A PROBLEM

Live Read PSA #1

Every child's mental health is important. Many children and teenagers have mental health problems that are real and painful. These problems can lead to school failure, alcohol or other drug abuse, conflict at home, or, even suicide. But mental health problems can be recognized and treated. Learn what to look for and how to get help. Call the Federal Center for Mental Health Services at 1-800-789-2647, that's 789-2647. This message is from the "Caring For Every Child's Mental Health" initiative.

Live Read PSA #2

Every child's mental health is important. And many young people have mental health problems that are real and painful. For free information, call the Federal Center for Mental Health Services at 1-800-789-2647, that's 789-2647.

• • • • •

Live Read PSA #3

When tragedy touches your family or community, help your children and teenagers cope with stress and anxiety. Listen to their concerns. Encourage them to ask questions. Talk at their level. Be honest. Reassure them and focus on the positive. For free information about children's mental health, call the Federal Center for Mental Health Services at 1-800-789-2647, that's 789-2647. This message is from the "Carin for Every Child's Mental Health" initiative.

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration • Center for Mental Health Services
5600 Fishers Lane, Room 13-103 • Rockville, Maryland 20857 • Telephone 301 443.2792
CARING FOR EVERY CHILD'S MENTAL HEALTH: Communities Together
For information about children's mental health, contact the CMHS Knowledge Exchange Network
PO Box 42490 • Washington, DC 20015 • Toll-free 1800 789 2647 • FAX 301 984 8796

Live Read PSA #4

Help your children and teenagers cope with stress and anxiety. Listen to their concerns. For free information about young people's mental health, call the Federal Center for Mental Health Services at 1-800-789-2647, that's 789-2647.

• • • • •

Live Read PSA #5

Life can be tough . . . especially for teenagers. Along with the fun and challenges come uncertainties. Many stresses cannot be avoided. But pay attention if a teenager is feeling extremely sad or hopeless or is acting very angry or worried. These and other warning signs could signal a mental health problem. To get a free brochure for teens, call the Federal Center for Mental Health Services at 1-800-789-2647, that's 789-2647. This message is from the "Caring for Every Child's Mental Health" initiative.

Live Read PSA #6

Pay attention if a teenager is feeling extremely sad or is acting very angry or worried. To get a free brochure for teens about mental health, call the Federal Center for Mental Health Services at 1-800-789-2647, that's 789-2647.

CARING FOR EVERY CHILD'S MENTAL HEALTH
communities together

FACT SHEET

Systems of Care

Children and Adolescents With Serious Emotional Disturbances

Today, at least one in five American children and adolescents may have a behavioral, emotional, or mental health problem. At least 1 in 20—or as many as 3 million young people—may have a serious emotional disturbance that severely disrupts his or her ability to interact effectively with family, at school, and in the community.

These children live in the cities, suburbs, and rural areas of our country. They come from wealthy, middle-class, and poor families and from every race and culture. But no matter what their backgrounds are, children with serious emotional disturbances and their families often do not receive the services and support they need to help them with their problems. For more information on children's and adolescents' mental health, call 1.800.789.2647.

Why Are "Systems of Care" Needed?

A serious emotional disturbance touches every part of a child's life. Therefore, children and adolescents with serious emotional disturbances and their families need many kinds of services from a variety of sources, such as schools, community mental health centers, and social service organizations.

Unfortunately, many State and community organizations do not work together to coordinate the services that children with serious emotional disturbances and their families need. For example, while children might be attending special education classes at school, they may not have access to after-school or recreation programs. Families might not receive the support they need to care for their children. To get needed services, some families have to give up custody or agree to place their children in a hospital or residential treatment center.

Today, with a much better understanding of serious emotional disturbances, many mental health providers know that children and their families can receive effective, accessible treatment and support through community-based "systems of care."

What Are Systems of Care?

A system of care is a wide range of mental health and related services and supports organized to work together to provide care. It is designed to help a child or adolescent with serious emotional disturbances, with the involvement of his or her family, get the services they need in or near their home and community. In systems of care, local public and private organizations work in teams to plan and implement a tailored set of services for each individual child's physical, emotional, social, educational, and family needs. Teams include family advocates and may consist of representatives from mental health, health, education, child welfare, juvenile justice, vocational counseling, recreation, substance abuse, or other organizations (see following graphic on "Components of Systems of Care"). Teams find and build upon the strengths of a child and his or her family, rather than focusing solely on their problems. Teams work with individual families—including the children—and with other caregivers as partners when developing a plan for the child and when making decisions affecting his or her care.

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration • Center for Mental Health Services
5600 Fishers Lane, Room 13-103 • Rockville, Maryland 20857 • Telephone 301.443.2792

CARING FOR EVERY CHILD'S MENTAL HEALTH: Communities Together

For information about children's mental health, contact the CMHS Knowledge Exchange Network
PO Box 42490 • Washington, DC 20015 • Toll-free 1.800.789.2647 • FAX 301.984.8796
TTY 301.443.9006 CMHS Electronic Bulletin Board 1.800.790.2647

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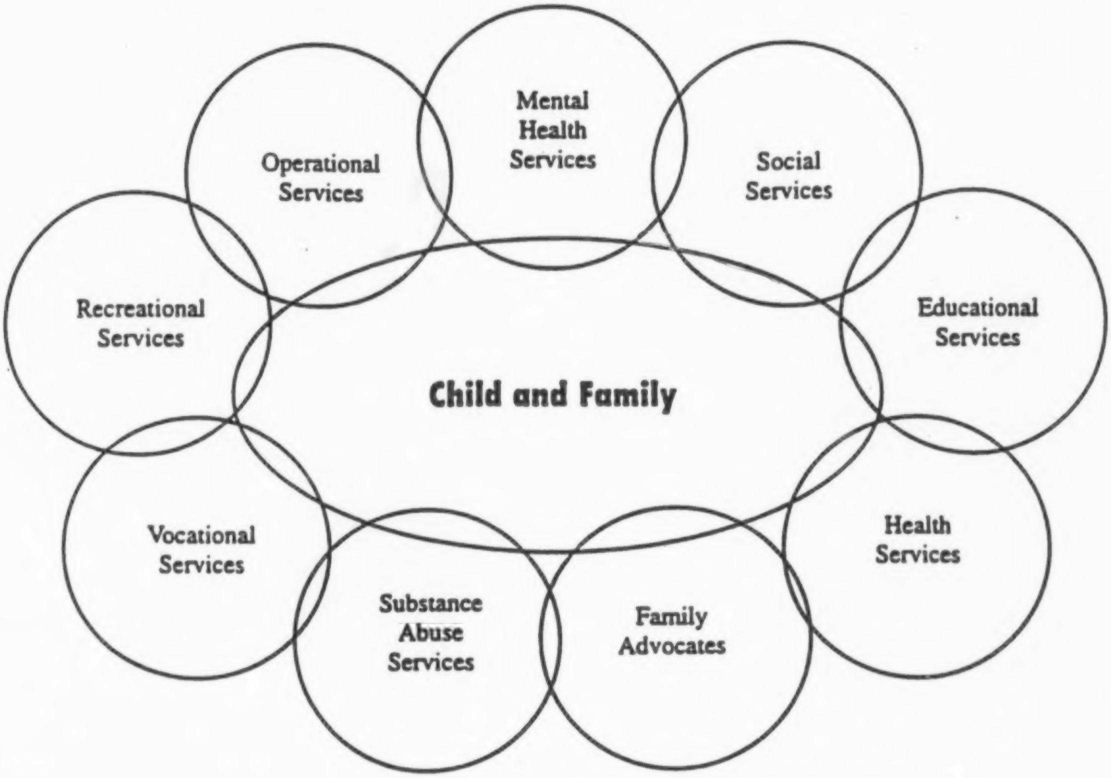
Components of Systems of Care

(see list of specific services below)


Mental Health Services
Operational Services
Social Services
Recreational Services
Educational Services
Child and Family
Vocational Services
Health Services
Substance Abuse Services
Family Advocates

"Cultural competence" is an important goal in systems of care. It means that each provider organization must show respect for and respond to individual differences and special needs. Services must be provided in the appropriate cultural context and without discrimination related to race, national origin, income level, religion, gender, sexual orientation, age, or physical disability, to name a few. Culturally competent caregivers are aware of the impact of their own culture on their relationships with consumers and know about and respect cultural and ethnic differences. They adapt their skills to meet each family's values and customs. For more information on cultural competence, call 1.800.789.2647.

What Kinds of Services Are Included?

The range of services that may be included in a system of care fall into the categories shown in the above graphic. A young person with a serious emotional disturbance and his or her family may be referred for one or more of these services:*

- case management (service coordination)
- community-based in-patient psychiatric care
- counseling (individual, group, and youth)
- crisis residential care
- crisis outreach teams
- day treatment
- education/special education services
- family support
- health services
- independent living supports
- intensive family-based counseling (in the home)
- legal services

**This list is not meant to be complete. Individual services for children and their families implies flexibility, which creates a set of services uniquely suited for an individual child and family.*

- protection and advocacy
- psychiatric consultation
- recreation therapy
- residential treatment
- respite care
- self-help or support groups
- small therapeutic group care
- therapeutic foster care
- transportation
- tutoring
- vocational counseling.

What is a Case Manager or Service Coordinator?

A case manager or service coordinator facilitates the individualized treatment plan that is being used to serve a child or adolescent with a serious emotional disturbance and the family. This person identifies the role that each provider fills and coordinates all services. The goal is to make sure that the plan builds on the strengths and meets the unique needs of both child and family. As the child's needs change, his or her case manager notes these changes and adjusts the mix of services, if necessary. For example, a case manager may recommend tutoring and counseling when a child no longer requires day treatment. In working with a child who is experiencing a serious emotional disorder, a case manager's role is dynamic—that of advocate, therapist, and coordinator of a package of services. Caseloads average between 4 and 12 youths and their families per case manager.

How Well Do Systems of Care Work?

Studies suggest that effective systems of care:

- reduce the number of costly hospital and out-of-home residential treatment placements;
- improve how children behave and function emotionally;
- improve school performance;
- reduce violations of the law; and
- provide services to more children and families who need them.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1.800.789.2647.

For free information about children's and adolescents' mental health—including publications, references, and referrals to local and national resources and organizations—call 1.800.789.2647; TTY 301.443.9[illegible]

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just the facts:

ANSWERS TO
YOUR QUESTIONS
ABOUT MENTAL HEALTH

Anxiety Disorders:

The Role of Therapy in Effective Treatment

Everyone feels anxious and under stress from time to time. Situations such as meeting tight deadlines, important social obligations or driving in heavy traffic, often bring about anxious feelings. Such mild anxiety may help make you alert and focused on facing threatening or challenging circumstances. On the other hand, anxiety disorders cause severe distress over a period of time and disrupt the lives of individuals suffering from them. The frequency and intensity of anxiety involved in these disorders is often debilitating. But fortunately, with proper and effective treatment, people suffering from anxiety disorders can lead normal lives.

What are the major kinds of anxiety disorders?

There are several major types of anxiety disorders, each with its own characteristics.

- People with **generalized anxiety disorder** have recurring fears or worries, such as about health or finances, and they often have a persistent sense that something bad is just about to happen. The reason for the intense feelings of anxiety may be difficult to identify. But the fears and worries are very real and often keep individuals from concentrating on daily tasks.
- **Panic disorder** involves sudden, intense and unprovoked feelings of terror and dread. People who suffer from this disorder generally develop strong fears about when and where their next panic attack will occur, and they often restrict their activities as a result.
- A related disorder involves **phobias**, or intense fears, about certain objects or situations. Specific phobias may involve things such as encountering certain animals or flying in airplanes, whereas social phobias involve fear of social settings or public places.
- **Obsessive-compulsive disorder** is characterized by persistent, uncontrollable and unwanted feelings or thoughts (obsessions) and routines or rituals in whichindividuals engage to try to prevent or rid themselves of these thoughts (compulsions). Examples of common compulsions include washing hands or cleaning house excessively for fear of germs, or checking over something repeatedly for errors.
- Someone who suffers severe physical or emotional trauma such as from a natural disaster or serious accident or crime may experience **post-traumatic stress disorder**. Thoughts, feelings and behavior patterns become seriously affected by reminders of the event, sometimes months or even years after the traumatic experience.

Symptoms such as shortness of breath, racing heartbeat, trembling and dizziness often accompany certain anxiety disorders such as panic and generalized anxiety disorders. Although they may begin at any time, anxiety disorders often surface in adolescence or early adulthood. There is some evidence of a genetic or family predisposition to certain anxiety disorders.

Why is it important to seek treatment for these disorders?

If left untreated, anxiety disorders can have severe consequences. For example, some people who suffer from recurring panic attacks avoid at all costs putting themselves in a situation that they fear may trigger an attack. Such avoidance behavior may create problems by conflicting with job requirements, family obligations or other basic activities of daily living.

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Many people who suffer from an untreated anxiety disorder are prone to other psychological disorders, such as depression, and they have a greater tendency to abuse alcohol and other drugs. Their relationships with family members, friends and coworkers may become very strained. And their job performance may falter.

Are there effective treatments available for anxiety disorders?

Absolutely. Most cases of anxiety disorder can be treated successfully by appropriately trained health and mental health care professionals.

According to the National Institute of Mental Health, research has demonstrated that both "behavioral therapy" and "cognitive therapy" can be highly effective in treating anxiety disorders. Behavioral therapy involves using techniques to reduce or stop the undesired behavior associated with these disorders. For example, one approach involves training patients in relaxation and deep breathing techniques to counteract the agitation and hyperventilation (rapid, shallow breathing) that accompany certain anxiety disorders.

Through cognitive therapy, patients learn to understand how their thoughts contribute to the symptoms of anxiety disorders, and how to change those thought patterns to reduce the likelihood of occurrence and the intensity of reaction. The patient's increased cognitive awareness is often combined with behavioral techniques to help the individual gradually confront and tolerate fearful situations in a controlled, safe environment.

Proper and effective medications may have a role in treatment along with psychotherapy. In cases where medications are used, the patient's care may be managed collaboratively by a therapist and physician. It is important for patients to realize that there are side effects to any drugs, which must be monitored closely by the prescribing physician.

How can a qualified therapist help someone suffering from an anxiety disorder?

Licensed professional mental health providers such as psychologists are highly qualified to diagnose and treat anxiety disorders. Individuals suffering from these disorders should seek a provider who is highly competent in cognitive and behavioral therapies. Experienced mental health professionals have the added benefit of having helped other patients recover from anxiety disorders.

Group therapy offers a helpful approach to treatment for some patients. In addition, mental health clinics or other specialized treatment programs dealing with specific disorders such as panic or phobias may also be available nearby.

How long does psychological treatment take?

It is very important to understand that treatments for anxiety disorders do not work instantly. The patient should be comfortable from the outset with the general treatment being proposed and with the therapist with whom he or she is working. The patient's cooperation is crucial, and there must be a strong sense that the patient and therapist are collaborating as a team to remedy the anxiety disorder.

No one plan works well for all patients. Treatment needs to be tailored to the needs of the patient and to the type of disorder, or disorders, from which the individual suffers. A therapist and patient should work together to assess whether a treatment plan seems to be on track. Adjustments to the plan sometimes are necessary, since patients respond differently to treatment.

Many patients will begin to improve noticeably within eight to ten sessions, especially those who carefully follow the outlined treatment plan.

There is no question that the various kinds of anxiety disorders can severely impair a person's functioning in work, family and social environments. But the prospects for long-term recovery for most individuals who seek appropriate professional help are very good. Those who suffer from anxiety disorders can work with a qualified and experienced therapist to help them regain control of their feelings and thoughts -- and their lives.

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just the facts.

ANSWERS TO
YOUR QUESTIONS
ABOUT MENTAL HEALTH

How Therapy Helps People Recover From Depression

According to the National Institute of Mental Health, an estimated 17 million adult Americans suffer from depression during any one-year period. Many do not even recognize that they have a condition that can be treated very effectively. This question-and-answer fact sheet discusses depression with a focus on the ways in which psychotherapy can help a depressed person recover.

How does depression differ from occasional sadness?

Everyone feels sad or "blue" on occasion. Most people grieve over upsetting life experiences such as a major illness, loss of job, a death in the family or divorce. These feelings of grief tend to become less intense on their own as time goes on.

Depression occurs when feelings of extreme sadness or despair last for at least two weeks or longer and when they interfere with activities of daily living -- such as working, or even eating and sleeping. Depressed individuals tend to feel helpless and hopeless and to blame themselves for having these feelings. Some may have thoughts of death or suicide.

People who are depressed may become overwhelmed and exhausted and stop participating in certain everyday activities altogether. They may withdraw from family and friends.

What causes depression?

Changes in the body's chemistry influence mood and thought processes, and biological factors contribute to some cases of depression. In addition, chronic and serious illness such as heart disease or cancer may be accompanied by depression. With many individuals, however, depression signals first and foremost that certain mental and emotional aspects of a person's life are out of balance.

Significant transitions and major life stressors such as the death of a loved one or the loss of a job can help bring about depression. Other more subtle factors that lead to a loss of identity or self-esteem may also contribute. The causes of depression are not always immediately apparent, so the disorder requires careful evaluation and diagnosis by a trained mental health care professional.

Sometimes the circumstances involved in depression are ones over which an individual has little or no control. At other times, however, depression occurs when people are unable to see that they actually have choices and can bring about change in their lives.

Can depression be treated successfully?

Absolutely. Depression is highly treatable when an individual receives competent care. Psychologists are among the licensed and highly trained mental health providers with years of experience studying depression and helping patients recover from it.

There is still some stigma, or reluctance, associated with seeking help for emotional and mental problems, including depression. Unfortunately, feelings of depression often are viewed as a sign of weakness rather than as a signal that something is out of balance. The fact is that people with depression can not simply "snap out of it" and feel better spontaneously.

Persons with depression who do not seek help suffer needlessly. Unexpressed feelings and concerns accompanied by a sense of isolation can worsen a depression. The importance of obtaining quality professional health care can not be overemphasized.

How does psychotherapy help people recover from depression?

There are several approaches to psychotherapy -- including cognitive-behavioral, interpersonal, psychodynamic and other kinds of "talk therapy" -- that help depressed individuals recover. Therapy offers people the opportunity to identify the factors that contribute to their depression and to deal effec-

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tively with the psychological, behavioral, interpersonal and situational causes. Skilled therapists can work with depressed individuals to:

- ❒ pinpoint the life problems that contribute to their depression, and help them understand which aspects of those problems they may be able to solve or improve. A trained psychotherapist can help depressed patients identify options for the future and set realistic goals that enable these individuals to enhance their mental and emotional well-being. Therapists also help individuals identify how they have successfully dealt with similar feelings, if they have been depressed in the past.
- ❒ identify negative or distorted thinking patterns that contribute to feelings of hopelessness and helplessness that accompany depression. For example, depressed individuals may tend to overgeneralize, that is, to think of circumstances in terms of "always" or "never." They may also take events personally. A trained and competent therapist can help nurture a more positive outlook on life.
- ❒ explore other learned thoughts and behaviors that create problems and contribute to depression. For example, therapists can help depressed individuals understand and improve patterns of interacting with other people that contribute to their depression.
- ❒ help people regain a sense of control and pleasure in life. Therapy helps people see choices as well as gradually incorporate enjoyable, fulfilling activities back into their lives.

Having one episode of depression greatly increases the risk of having another episode. There is some evidence that ongoing therapy may lessen the chance of future episodes or reduce their intensity. Through therapy, people can learn skills to avoid unnecessary suffering from later bouts of depression.

In what other ways do therapists help depressed individuals and their loved ones?

The support and involvement of family and friends can play a crucial role in helping someone who is depressed. Individuals in the "support system" can help by encouraging a depressed loved one to stick with treatment and to practice the coping techniques and problem-solving skills he or she is learning through therapy.

Living with a depressed person can be very difficult and stressful on family members and friends. The pain of watching a loved one suffer from depression can bring about feelings of helplessness and loss.

Family or marital therapy may be beneficial in bringing together all the individuals affected by depression and helping them learn effective ways to cope together. This type of therapy can also provide a good opportunity for individuals who have never experienced depression themselves to learn more about it and to identify constructive ways of supporting a loved one who is suffering from depression.

Are medications useful for treating depression?

Medications can be very helpful for reducing the symptoms of depression in some people, particularly for cases of moderate to severe depression. Some health care providers treating depression may favor using a combination of therapy and medications. Given the side effects, any use of medication requires close monitoring by the physician who prescribes the drugs.

Some depressed individuals may prefer psychotherapy to the use of medications, especially if their depression is not severe. By conducting a thorough assessment, a licensed and trained mental health professional can help make recommendations about an effective course of treatment for an individual's depression.

Depression can seriously impair a person's ability to function in everyday situations. But the prospects for recovery for depressed individuals who seek appropriate professional care are very good. By working with a qualified and experienced therapist, those suffering from depression can help regain control of their lives.

The American Psychological Association Practice Directorate gratefully acknowledges the assistance of Daniel J. Abrahamson, Ph.D., Lynne M. Hornyak, Ph.D., and Lynn P. Rehm, Ph.D., in developing this fact sheet on depression.

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Just the facts:

ANSWERS TO
YOUR QUESTIONS
ABOUT MENTAL HEALTH

How to Find Help Through Therapy

Millions of Americans have found relief from depression and other emotional difficulties through therapy. Even so, some people find it hard to get started or stay in therapy. This brief question-and-answer guide provides some basic information to help individuals take advantage of outpatient (non-hospital) psychotherapy.

Why do people consider using therapy?

Therapy is a partnership between an individual and a professional who is licensed and trained to help people understand their feelings and assist them with changing their behavior. According to the National Institute of Mental Health, one-third of adults in the United States experience an emotional or substance abuse problem. Nearly 25% of the adult population suffers at some point from depression or anxiety.

People often consider therapy under the following circumstances:

- ☐ They feel an overwhelming and prolonged sense of sadness and helplessness, and they lack hope in their lives.
- ☐ Their emotional difficulties make it hard for them to function from day to day. For example, they are unable to concentrate on assignments and their job performance suffers as a result.
- ☐ Their actions are harmful to themselves or to others. For instance, they drink too much alcohol and become overly aggressive.
- ☐ They are troubled by emotional difficulties facing family members or close friends.

What does research show about the effectiveness of therapy?

According to a research summary from the Stanford University School of Medicine, therapy effectively decreases patients' depression and anxiety and related symptoms -- such as pain, fatigue and nausea. Therapy has also been found to increase survival time for heart surgery and cancer patients, and it can have a positive effect on the body's immune system. Research increasingly supports the idea that emotional and physical health are very closely linked and that therapy can improve a person's overall health status.

There is convincing evidence that most people who have at least several sessions of therapy are far better off than untreated individuals with emotional difficulties. One major study showed that 50 percent of patients noticeably improved after eight sessions while 75% of individuals in therapy improved by the end of six months.

Therapy with children is similar in effectiveness to therapy with adults.

How do I find a qualified therapist?

Selecting a therapist is a highly personal matter. A professional who works very well with one individual may not be a good choice for another person. There are several ways to get referrals to qualified therapists, including the following:

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- ☐ Talk to close family members and friends for their recommendations, especially if they have had a good experience with therapy.
- ☐ Many state psychological associations operate referral services which put individuals in touch with licensed and competent mental health providers. (Call the American Psychological Association's Practice Directorate at 202-336-5800 for the name and phone number of the appropriate state organization.)
- ☐ Ask your primary care physician (or other health professional) for a referral. Tell the doctor what's important to you in choosing a therapist so he or she can make appropriate suggestions.
- ☐ Inquire at your church or synagogue.
- ☐ Look in the phone book for the listing of a local mental health association or community mental health center and check these sources for possible referrals.

Ideally, you will end up with more than one lead. Call and request the opportunity, either by phone or in person, to ask the therapist some questions. You might want to inquire about his or her licensure and level of training, approach to therapy, participation in insurance plans and fees. Such a discussion should help you sort through your options and choose someone with whom you believe you might interact well.

If I begin therapy, how should I try to gain the most from it?

There are many approaches to outpatient therapy and various formats in which it may occur -- including individual, group and family therapy. Despite the variations, all therapy is a two-way process that works especially well when patients and their therapists communicate openly. Research has shown that the outcome of therapy is improved when the therapist and patient agree early about what the major problems are and how therapy can help.

You and your therapist both have responsibilities in establishing and maintaining a good working relationship. Be clear with your therapist about your expectations and share any concerns that may arise. Therapy works best when you attend all scheduled sessions and give some forethought to what you want to discuss during each one.

How can I evaluate whether therapy is working well?

As you begin therapy, you should establish clear goals with your therapist. Perhaps you want to overcome feelings of hopelessness associated with depression. Or maybe you would like to control a fear that disrupts your daily life. Keep in mind that certain tasks require more time to accomplish than others. You may need to adjust your goals depending on how long you plan to be in therapy.

After a few sessions, it's a good sign if you feel the experience truly is a joint effort and that you and the therapist enjoy a good rapport. On the other hand, you should be open with your therapist if you find yourself feeling "stuck" or lacking direction once you've been in therapy awhile.

There may be times when a therapist appears cold and disinterested or doesn't seem to regard you positively. Tell your therapist if this is the situation, or if you question other aspects of his or her approach. If you find yourself thinking about discontinuing therapy, talk with your therapist. It might be helpful to consult another professional, provided you let your therapist know you are seeking a second opinion.

Patients often feel a wide range of emotions during psychotherapy. Some qualms about therapy that people may have result from the difficulty of discussing painful and troubling experiences. When this happens, it can actually be a positive sign indicating that you are starting to explore your thoughts and behaviors.

You should spend time with your therapist periodically reviewing your progress (or your concern that you are not making sufficient headway). Although there are other considerations affecting the duration of therapy, success in reaching your primary goals should be a major factor in deciding when your therapy should end.

Therapy isn't easy. But patients who are willing to work in close partnership with their therapist often find relief from their emotional distress and begin to lead more productive and fulfilling lives.

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just the facts:

"ANSWERS TO YOUR QUESTIONS ABOUT MENTAL HEALTH"

Managing Traumatic Stress

Tips for Recovering From Disasters and Other Traumatic Events

Because you are reading this fact sheet, you probably are in the process of recovering from a natural disaster or other type of traumatic event. Perhaps you experienced a flood, hurricane or earthquake. Or maybe you have been in a serious accident or the victim of crime.

Traumatic experiences such as these tend to be sudden and overwhelming. In some cases, there are no outwardly visible signs of physical injury, but there is nonetheless a serious emotional toll. It is common for people who have experienced traumatic situations to have very strong emotional reactions. Understanding normal responses to these abnormal events can aid you in coping effectively with your feelings, thoughts, and behaviors, and help you along the path to recovery.

. . . .

What happens to people after a disaster or other traumatic event?

Shock and denial are typical responses to disasters and other kinds of trauma, especially shortly after the event. Both shock and denial are normal protective reactions.

Shock is a sudden and often intense disturbance of your emotional state that may leave you feeling stunned or dazed. Denial involves your not acknowledging that something very stressful has happened, or not experiencing fully the intensity of the event. You may temporarily feel numb or disconnected from life.

As the initial shock subsides, reactions vary from one person to another. The following, however, are normal responses to a traumatic event:

Feelings become intense and sometimes are unpredictable. You may become more irritable than usual, and your mood may change back and forth dramatically. You might be especially anxious or nervous, or even become depressed.

Thoughts and behavior patterns are affected by the trauma. You might have repeated and vivid memories of the event. These flashbacks may occur for no apparent reason and may lead to physical reactions such as rapid heart beat or sweating.

You may find it difficult to concentrate or make decisions, or become more easily confused. Sleep and eating patterns also may be disrupted.

Recurring emotional reactions are common. Anniversaries of the event, such as at one month or one year, as well as reminders such as aftershocks from earthquakes or the sounds of sirens, can trigger upsetting memories of the traumatic experience. These "triggers" may be accompanied by fears that the stressful event will be repeated.

Interpersonal relationships often become strained. Greater conflict, such as more frequent arguments with family members and coworkers, is common. On the other hand, you might become withdrawn and isolated and avoid your usual activities.

Physical symptoms may accompany the extreme stress. For example, headaches, nausea and chest pain may result and may require medical attention. Pre-existing medical conditions may worsen due to the stress.

How do people respond differently over time?

It is important for you to realize that there is not one "standard" pattern of reaction to the extreme stress of traumatic experiences. Some people respond immediately, while others have delayed reactions — sometimes months or even years later. Some have adverse effects for a long period of time, while others recover rather quickly.

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And reactions can change over time. Some who have suffered from trauma are energized initially by the event to help them with the challenge of coping, only to later become discouraged or depressed.

A number of factors tend to affect the length of time required for recovery, including:

☐ **the degree of intensity and loss.** Events that last longer and pose a greater threat, and where loss of life or substantial loss of property is involved, often take longer to resolve.

☐ **a person's general ability to cope with emotionally challenging situations.** Individuals who have handled other difficult, stressful circumstances well may find it easier to cope with the trauma.

☐ **other stressful events preceding the traumatic experience**. Individuals faced with other emotionally challenging situations, such as serious health problems or family-related difficulties, may have more intense reactions to the new stressful event and need more time to recover.

How should I help myself and my family?

There are a number of steps you can take to help restore emotional well being and a sense of control following a disaster or other traumatic experience, including the following:

☐ **Give yourself time to heal**. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.

☐ **Ask for support from people who care about** you and who will listen and empathize with your situation. But keep in mind that your typical support system may be weakened if those who are close to you also have experienced or witnessed the trauma.

Communicate your experience in whatever ways feel comfortable to you — such as by talking with family or close friends, or keeping a diary.

☐ **Find out about local support groups** that often are available such as for those who have suffered from natural disasters, or for women who are victims of rape. These can be especially helpful for people with limited personal support systems.

Try to find groups led by appropriately trained and experienced professionals. Group discussion can help people realize that other individuals in the same circumstances often have similar reactions and emotions.

☐ **Engage in healthy behaviors** to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs.

☐ **Establish or reestablish routines** such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.

☐ **Avoid major life decisions** such as switching careers or jobs if possible because these activities tend to be highly stressful.

☐ **Become knowledgeable about what to expect** as a result of trauma. Some of the "Additional Resources" listed at the end of this fact sheet may help you with this learning process.

How do I take care of children's special needs?

The intense anxiety and fear that often follow a disaster or other traumatic event can be especially troubling for children. Some may regress and demonstrate younger behaviors such as thumb sucking or bed wetting. Children may be more prone to nightmares and fear of sleeping alone. Performance in school may suffer. Other changes in behavior patterns may include throwing tantrums more frequently, or withdrawing and becoming more solitary.

There are several things parents and others who care for children can do to help alleviate the emotional consequences of trauma, including the following:

☐ **Spend more time with children and let them be more dependent on you** during the months following the trauma - for example, allowing your child to cling to you more often than usual. Physical affection is very comforting to children who have experienced trauma.

☐ **Provide play experiences to help relieve tension**. Younger children in particular may find it easier to share their ideas and feelings about the event through non-verbal activities such as drawing.

☐ **Encourage older children to speak** with you, and with one another, about their thoughts and feelings. This helps reduce their confusion and anxiety related to the trauma. Respond to questions in terms they can comprehend. Reassure them repeatedly that you care about them and that you understand their fears and concerns.

☐ **Keep regular schedules** for activities such as eating, playing and going to bed to help restore a sense of security and normalcy.

When should I seek professional help?

Some people are able to cope effectively with the emotional and physical demands brought about by a natural disaster or other traumatic experience by using their own support systems. It is not unusual, however, to find that serious problems persist and continue to interfere with daily living. For example, some may feel overwhelming nervousness or lingering sadness that adversely affects job performance and interpersonal relationships.

Individuals with prolonged reactions that disrupt their daily functioning should consult with a trained and experienced mental health professional. Psychologists and other appropriate mental health providers help educate people about normal responses to extreme stress. These professionals work with individuals affected by trauma to help them find constructive ways of dealing with the emotional impact.

With children, continual and aggressive emotional outbursts, serious problems at school, preoccupation with the traumatic event, continued and extreme withdrawal, and other signs of intense anxiety or emotional difficulties all point to the need for professional assistance. A qualified mental health professional can help such children and their parents understand and deal with thoughts, feelings and behaviors that result from trauma.

How may I use APA as a resource?

"How to Choose a Psychologist," brochure available from the American Psychological Association (APA). To order a copy free of charge, write to the APA Office of Public Communications, 750 First Street, NE, Washington, DC 20002-4242, or call (202) 336-5700.

Contact the **APA Practice Directorate** at (202) 336-5800 for the name and telephone number of your **state psychological association**. These associations, along with **city and county psychological associations,** can refer you to psychologists in your area. They may also be able to put you in touch with **other local organizations and groups that help victims of disasters and other traumatic events.**

"Helping Children Cope," may be accessed via the **APA home page on Internet**, at http:*//www.apa.org/kids.html*

Additional Resources

Local chapters of the American Red Cross may be able to direct you to additional resources. Check your local telephone directory for the chapter nearest you.

National Organization for Victims Assistance. 1757 Park Rd., N.W., Washington, D.C. 20010; toll-free, 1-800-TRY-NOVA; in D.C. metropolitan area, (202) 232-6682.

Two other materials available via Internet offer additional information about coping with disaster:

"After a Disaster: Steps You Can Take to Cope With a Stressful Situation," Los Angeles County Department of Mental Health http://gladstone.uoregon.edu/~dvb/dissteps.htm

"Coping with Emotions after a Disaster," University of Illinois Cooperative Extension Service *http:www.ag.uiuc.edu/~disaster/emotion.html*

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We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinhouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories:

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcohol abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- School adjustment (including newcomer acculturation)
- Pregnancy prevention/support
- Eating problems (anorexia, bulimia)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness
- Learning, attention & behavior problems